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UTAH STATE DEPARTMENT OF HUMAN SERVICES
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

DEVELOPMENTAL DISABILITIES-MENTAL RETARDATION
AND ACQUIRED BRAIN INJURY WAIVER PROGRAMS

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UTAH STATE DEPARTMENT OF HUMAN SERVICES
DIVISION OF SERVICES FOR PEOPLE WITH DISABILITIES

**DEVELOPMENTAL DISABILITIES-MENTAL RETARDATION
AND ACQUIRED BRAIN INJURY WAIVER PROGRAMS**

DHS RFP # 40296

(March 2004)

PART I -- PURPOSE

The Department of Human Services, Division of Services for People with Disabilities (DHS/DSPD or Requesting Agency) is requesting proposals for services for people with disabilities under both its Developmental Disabilities/Mental Retardation (DD/MR) and the Acquired Brain Injury (ABI) waiver programs. Offerors may propose to provide services under both the DD/MR and ABI waiver programs or under just one or the other of the two. This Request for Proposals (RFP) replaces RFP #40186 (DD/MR) dated April 2000 and RFP #40213 (ABI) dated April 2001.

This RFP is designed to provide interested Offerors with sufficient information to prepare a proposal that will meet the minimum requirements of the RFP. However, it is not intended to limit or exclude content or data deemed relevant or essential by the Offeror. In fact, Offerors are encouraged to expand upon the specifications in the RFP to evidence their service capability under any agreement.

PART II – SUPPORT PROGRAMS AND SERVICES AVAILABLE FOR BID

Offerors may propose to provide any or all of the individual services and supports included in each of the following support programs: *Community Living (Residential) Supports Program, Family Supports Program, and Day Supports Program*. The individual services and supports included within each support program are identified below. (Note: DHS/DSPD, in conjunction with the Department of Health, periodically reviews its waiver programs. The services and supports below are subject to change in conjunction with such reviews.)

COMMUNITY LIVING (RESIDENTIAL) SUPPORTS PROGRAM

Community Living Program (CLP) services and supports are designed to promote client independence and community integration. This objective is obtained by providing clients with both necessary supports and help they need to gain and/or maintain the skills necessary for them to live as independently as possible in a community-based living arrangement of the client's choosing. CLP services include skills training and direct and indirect supports. CLP supports include meal preparation, eating, bathing, dressing, personal hygiene, socialization, self-help, and the adaptive/compensatory skills necessary to meet the outcomes identified in the client's individual service plan (ISP). The following services and supports are included in the CLP:

Service Codes	Service Description Titles	Waivers
CLI	Community Living Supports Intensive (Only available to clients currently receiving this service code)	DD/MR
CLS	Community Living Supports	DD/MR and ABI
ELA	Extended Living Adult	DD/MR and ABI
ELC	Extended Living Children	DD/MR
HHS	Host Home Supports	DD/MR and ABI
PPS	Professional Parent Supports	DD/MR
RTS	Residential Transportation	DD/MR
SLH	Supported Living	DD/MR and ABI
COM	Companion Services	DD/MR and ABI

FAMILY SUPPORTS PROGRAM

The services and supports making up the Family Supports Program (FSP) help clients who are living and being supported in their family homes. FSP services support both the client and the client's family so that they may live as much like other families as possible and thereby prevent or delay out of home placement of the client. The following services and supports are included in the FSP:

Service Codes	Service Description Titles	Waivers
CH2, HSQ	Chore and Homemaker	DD/MR and ABI
SLN	Supported Living Natural Supports (for those over age 22, this code is comparable to FS3 below)	DD/MR
FS3	Family Support Service Provider/Contractor Model- Disability Specialist (for those under age 22)	DD/MR
FS4	Family Support Service Provider/Contractor Model- Behavior Specialist	DD/MR
FS5	Family Support Service Provider/Contractor Model- Disability Specialist	ABI
FS6	Family Support Service Provider/Contractor Model- Behavior Specialist	ABI
LKS	Provider/Contractor Latch Key Services	DD/MR
RP2	Respite Care – out of home	DD/MR
RP3	Respite Care- in home	DD/MR
RPS	Respite Care – temporary care such as summer camp	DD/MR and ABI
FTP	Family Transportation	DD/MR

DAY SUPPORTS PROGRAM

The Day Supports Program (DSP) provides the assistance necessary for clients to participate in activities with individuals without disabilities in integrated settings. All supports must be identified in the client's Individual Service Plan (ISP) and all must contribute toward the client's achievement of his/her identified outcomes. DSP supports may or may not be work related. The following services and supports are included in the DSP:

Service Codes	Service Description Titles	Waivers
AGE	Senior Supports	DD/MR
DSC	Day Support Worksheet for Children	DD/MR
DSW	Day Supports Worksheet	DD/MR and ABI
DTA	Day Training (Admin+Direct Services)	DD/MR and ABI
DTB	Day Training (Direct Services Only)	DD/MR and ABI
MTP	Day Training, Pre-vocation or Supported Employment Transportation	DD/MR and ABI
SEA	Supported Employment (Admin+Direct Services)	DD/MR and ABI
SEB	Supported Employment (Direct Services only)	DD/MR and ABI
SEC	Supported Employment Co-Worker Supports	DD/MR
SED	Supported Employment-Group	DD/MR and ABI

PERSONAL ASSISTANCE SERVICE

PAC	Personal Assistance	DD/MR and ABI
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PART III -- GENERAL PROPOSAL INFORMATION

A. ISSUING OFFICE AND RFP REFERENCE NUMBER

The Department of Human Services (DHS), Bureau of Contract Management (BCM) is the Issuing Office for this RFP and all related addenda. The DHS RFP number (as identified on the first page of the RFP) must be referred to on all proposals, as well as all correspondence and documentation relating to the RFP.

B. CONTACT PERSON

Questions regarding the proposal may be addressed to: Teena Scholte or Terryll Stromberg, at DHS/DSPD, 120 North 200 West, Salt Lake City, Utah 84103 or by calling (801) 538-4140. Questions can also be sent via E-mail to tscholte@utah.gov or tstromberg@utah.gov.

C. ELIGIBILITY

Proposals may be submitted by qualified individuals and public or private nonprofit or for-profit organizations.

D. CONTRACT PERIOD

This RFP is intended for the award of multiple contracts. DHS/DSPD will contract with all Offerors who meet the requirements of the RFP. Contracts awarded pursuant to this RFP will be written for a period of up to three years commencing on or after July 1, 2004 and terminating no later than June 30, 2007.

The first year of all contracts with Offerors who do not have an existing contract with DHS/DSPD or who have an existing contract but are on corrective action at the time a contract is awarded pursuant to this RFP, will be a probationary period. **During the probationary period, Offerors must pass a DHS/DSPD annual review or their contract will be terminated or amended to omit any service failing the review.**

A one-year probationary period will also apply to any new service not previously provided by an Offeror under a prior contract with DHS/DSPD. **Offerors failing to pass the probationary period for a new service will have their contract amended to omit that service.**

E. SUBMISSION OF PROPOSALS

Offerors shall submit **one original plus four (4) identical hard copies** of their proposal to one of the addresses below. **Faxed Proposals will not be accepted.**

Mailing Address:

Department of Human Services
Bureau of Contract Management
Attention: Rosalie Nance, Purchasing Agent
120 North 200 West, Room #213
Salt Lake City, UT 84103

Hand-Delivery Address:

Department of Human Services
Attention: Rosalie Nance, Purchasing Agent
First Floor Information Desk
120 North 200 West
Salt Lake City, Utah

An Offeror may submit **an amended proposal** if it fails the Appendix Review and **additional proposals**, at DHS/DSPD's discretion, if it fails the Technical Review during the term of this RFP.

Any costs incurred in the preparation and submission of proposals or amendments pursuant to this RFP are the responsibility of the Offeror and will not be reimbursed. In addition, all materials submitted become the property of the State of Utah and will not be returned.

F. CLOSING DATE AND TIME

This RFP will remain open until March 31, 2007, unless rescinded earlier at the discretion of DHS/DSPD. Offerors may submit proposals at any time during the period the RFP is open. However, proposals will only be reviewed pursuant to the following schedule, which may be adjusted or revised by DHS/DSPD at its discretion:

All proposals received after May 11, 2004 will be reviewed in February, April, September and December each year the RFP is open. (Amendments and Addendums will be reviewed as they are received.)

G. AMENDMENTS

Amendments will be accepted only at the request of DHS/DSPD within a timeframe determined by DHS/DSPD at the time the request is made.

H. REGISTRATION OF PROPOSALS

The issuing office will open and register proposals after 3:00 p.m. on the initial due date and thereafter, as proposals are received. The names of all registered Offerors are public information.

I. EVALUATION OF PROPOSALS

An evaluation committee of qualified individuals shall be convened by DHS/DSPD to evaluate all registered proposals following the initial closing date of the RFP. DHS has complete discretion in determining the composition of the evaluation committee. Proposals shall be evaluated against the criteria stated in the RFP. To be considered responsive, proposals must address each area of the evaluation criteria in detail.

J. CONTRACT AWARD

The award of a contract(s) under this RFP will be made in accordance with the evaluation criteria stated in the RFP. Awards will be made to all responsible Offerors whose proposals meet the minimum criteria of the RFP. Factors not specified in the RFP shall not be considered in determining awards and shall not be negotiated to be included in the contract.

Offerors are advised that **the award of a contract pursuant to this RFP is not an assurance or a guarantee that the Contractor will receive any client referrals**. When a client is allocated DHS/DSPD funds, a letter of intent will be sent to a prospective Contractor to determine if the Contractor is interested in providing services to the client. DHS/DSPD will also be available to help clients with contractor selection. DHS/DSPD does not guarantee that clients will choose any given Contractor to provide their supports and services.

K. SERVICE RESTRICTIONS

Offerors awarded contracts under this RFP shall not commence providing services until they have in their possession a fully executed contract (a contract containing all required signatures, including the signature of the DHS Procurement Agent). **No payment will be made for services rendered without a completed contract in place at the time the services were provided.**

L. STANDARD CONTRACT TERMS AND CONDITIONS

Any contract resulting from this RFP will include the standard terms and conditions contained in the DHS Service Contract. A copy of the DHS Service Contract can be obtained from DHS/DSPD. DHS reserves the right to make changes to the standard terms and conditions in the DHS Service Contract at any time prior to the time a contract is executed with any Offeror.

M. PROPRIETARY INFORMATION

The proposals of successful Offerors become public information for a period of 90 days after a contract is awarded. During this time period, any individual or entity desiring to do so may review the proposal. Proprietary information contained in a proposal, such as client lists and non-public financial statements can be protected under limited circumstances (the pricing and service elements of a proposal are not considered proprietary and must not be designated as such). Any specific proprietary information contained in an Offeror's proposal that the Offeror wants protected must be clearly identified and highlighted in the body of the original proposal. Offerors must also submit with the proposal a justification statement explaining why the highlighted information is to be protected. It is unacceptable to designate an entire proposal as proprietary. Proposals not identifying any proprietary information will be released in their entirety.

N. ADDENDUMS

Offerors awarded contracts under this RFP may, when in good standing, seek to add services not included in their original proposal. Only the information in V.C.2 of this RFP is required when submitting an addendum.

O. RESERVATION OF RIGHTS

The Requesting Agency reserves the right to determine which Contractor and/or service is appropriate based on the AP/ISP for any given client. It further reserves the right to move clients from one site to another or from one Contractor to another with authorization from the Director of DHS/DSPD or designee.

The Requesting Agency reserves the right to reject any and all proposals received or to withdraw this offer at any time. Furthermore, if only one proposal is received in response to this RFP, DHS/DSPD may request that the Issuing Office either make an award or re-solicit for the purpose of obtaining additional proposals.

PART IV -- EXPECTATIONS AND SERVICE REQUIREMENTS

A. DHS/DSPD BACKGROUND

DHS/DSPD's mission is to promote opportunities and provide supports for people with disabilities to participate fully in Utah life. DHS/DSPD is responsible for developing services and supports, which promote client choice, independence, productivity, and integration into community life as provided in Utah Code Annotated § 62A-5-102 and 62A-5-103. It is also responsible for ensuring that client services and supports are delivered in the least restrictive and most enabling environment possible. The need, frequency, or intensity of the services rendered to individual clients may vary on a case-by-case basis. The Contractor shall be responsible for ensuring compliance with DHS/DSPD service requirements, and rules under Utah Administrative Rule R539 in the delivery of services and supports, including:

1. Providing at all times for the reasonable health and safety of clients in service,
2. Providing clients with protection from abuse, neglect, and exploitation, including solicitation from other persons via undue influence (attempting to gain control over the decision making of vulnerable adults by acting deceptively), see Utah Code Annotated §62A-3-301 (24),
3. Ensuring that client services and supports are appropriate for the client being served (ie: clients with acquired brain injury usually require different styles of intervention and/or methods of service delivery than clients with developmental disabilities and mental retardation) and that they are based on the principles of self-determination.

In addition to the above, the Contractor shall be responsible for maintaining records and documentation sufficient to demonstrate both the delivery and the effectiveness of all services rendered.

In keeping with its mission, DHS/DSPD's service and support system incorporates the principles of self-determination, informed choice, and equity. It is client focused and driven and empowers clients and their families in the selection and delivery of the client's services and supports. Using Person Centered Planning principles (Part IV.C.8), contractors, DHS/DSPD staff, and other professionals work together with the client, as a team, in making and supporting decisions that impact or control the client's life. Thereafter, the agreed upon supports and services are delivered by the Contractor in accordance with the client's needs and preferences so that the client might experience personal life satisfaction.

B. POPULATION TO BE SERVED

Contractors must have the capacity to serve clients who meet the definition of "disabled" found in Utah Code Annotated § 62A-5-101 (4) and who have been found eligible for services by DHS/DSPD as prescribed in Utah Administrative Rule R539-1. Contractors may choose to provide services to ABI clients, DD/MR clients, or both populations. Although there are no age restrictions on DD/MR clients served, ABI clients must be 18 years of age or older to be eligible for the services requested under this RFP.

C. GENERAL REQUIREMENTS

Contractors must comply with both current general and specific program/service standards in the delivery of services and supports. These service standards are periodically updated by DHS/DSPD in Administrative Rule to reflect changes in State or Federal Law and/or Regulation including changes in Medicaid requirements. The failure to comply with service descriptions may result in the withholding of client referrals to the Contractor until such time as the Contractor comes into compliance.

Except where specifically stated otherwise, the following general standards apply to all services and supports. The service descriptions for all available services and supports are located in Attachment B.

1. Contractor Qualifications

- a. Contractors must have all applicable licenses as prescribed in Utah Administrative Rule R501 and Attachment B-Specific Service and Support Requirements, to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits governing the type of service provided.
- b. Contractors must be enrolled as an Approved Individual Medicaid Provider with the Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractors must also agree to participate in any DHS/DSPD provided Medicaid training.
- c. Personnel Policies and Procedures: Contractors shall have established personnel policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:
 - 1) Include written job descriptions for all positions including volunteer positions with ongoing involvement (each job description shall include the specific knowledge, skills, abilities and educational requirements necessary to qualify for the position),
 - 2) Provide for the evaluation of staff performance on at least an annual basis,
 - 3) Prohibit any staff with a physical, emotional, or mental condition that could potentially interfere with the satisfactory performance of assigned duties or otherwise jeopardize the well-being of clients receiving services, from providing services and supports until the Contractor is provided with documentation that the condition is resolved to the satisfaction of a licensed physician or other appropriate professional.
- d. Operating Policies and Procedures: Contractors shall have established operating policies and procedures, a copy of which shall be maintained and readily accessible at each facility. These policies and procedures shall:
 - 1) Include a mission statement and objectives, as defined by the provider,
 - 2) Identify the specific population being served,
 - 3) Describe each of the services and supports offered by the Contractor and how they will be delivered,
 - 4) Clearly define staff and supervisory responsibilities during all hours of operation,
 - 5) All licensed facilities and Contractors providing CLI and CLS services must ensure the presence of at least one staff person trained, by a certified instructor, in first aid and CPR on duty with clients at all times,
 - 6) Ensure the presence of staff at each site that are responsible for supervision of the day-to-day operations of the site and for operation of the program,
 - 7) Provide for the verification and/or review of the driver's license, driving record, and auto insurance coverage of staff that transport clients on at least an annual basis,
 - 8) Provide for necessary staff training on a regular basis,
 - 9) Provide for the receipt and resolution of client grievances,
 - 10) Include emergency procedures for handling the injury, illness, and death of a client and instructions about when and how to notify the DHS/DSPD Region Office,
 - 11) Include emergency procedures for fire and other disasters that require the development and posting of an evacuation plan in each community living site, quarterly training on evacuation procedures and documentation of quarterly evacuation drills,

- 12) Address the management of client finances and ensure that all personal funds managed by the Contractor are released at the time of discharge, or at the request of the client or the client's representative, after outstanding bills are paid,
 - 13) Specify board and room charges and food stamps or other income not originating with DHS/DSPD,
 - 14) Establish the amount of time family or friends may stay as overnight guests,
 - 15) Include fiscal policies, such as internal controls that separate payments from approvals, are sufficient to ensure and document that any financial benefits realized by a Contractor as a result of contracts with federal, state, county, city or other agencies to use community living and day training sites, were used to benefit the clients served by the Contractor.
- e. Quality Assurance: Contractors shall cooperate with all DHS/DSPD quality assurance requirements as provided for in Utah Administrative Rule R539-4. In addition, Contractors shall have an internal quality assurance plan that may be externally validated by DHS/DSPD. This internal quality assurance plan shall include at least the following:
- 1) An agency self-assessment process for DHS/DSPD funded services,
 - 2) An established method for responding to concerns identified in the Contractor's internal monitoring and feedback processes,
 - 3) An established method for responding to and/or correcting within specified timeframes, any areas needing improvement or any areas of non-compliance noted by DHS/DSPD.

2. **Staffing Requirements**

Contractors are responsible for ensuring that all DHS/DSPD staffing requirements are met. In keeping with this requirement:

- a. Each program or site must employ direct service supervisory staff who:
 - 1) Have successfully completed all direct care staff training designated by DHS/DSPD,
 - 2) Participate with the person centered planning process (see IV.C.8),
 - 3) Oversee service/support delivery to clients by direct care staff,
 - 4) Provide ongoing supervision, consultation and training to direct care staff.
- b. Each program or site must also employ a sufficient number of direct care staff to assure compliance with the number of service hours identified on each client's worksheet. (Both professional, such as Behavioral Therapists or Nurses, and nonprofessional staff requirements will be identified in each client's budget worksheet along with the number of direct service supervision hours required.)
- c. Direct support staff must have the ability to:
 - 1) Supervise clients while asleep and awake,
 - 2) Assist clients with personal hygiene and grooming, cooking, and other activities of daily living,
 - 3) Assist clients in following through with the goals and outcomes identified in the client's action plan as developed through the Person Centered Process.

3. **Staff Qualifications**

All staff shall demonstrate competency, as determined by the Contractor, education, and training before the delivery of any supports to clients.

- a. Professional staff must be licensed as applicable according to the Division of Professional Licensing.

- b. Unless another age is specified in Administrative Rule 501 or is stated in Attachment B, Specific Services and Supports Requirements, staff working in licensed facilities must be at least 18 years old and pass an Office of Licensing Criminal Background Screening. Exceptions will be stated in the specific service codes.
- c. Direct care staff age 18 and older must pass an Office of Licensing Criminal Background Screening, prior to working with children. It is recommended that direct care staff pass a Bureau of Criminal Investigation (BCI) Background Screening prior to working with children or vulnerable adults as defined in Utah Code Annotated § 62A-2-101.
- d. All staff must file a negative screen for tuberculosis, or have a chest x-ray that is negative if a previous test indicated a positive result.
- e. Staff involved in food preparation shall have a current Food Handler's Permit from the County Health Department.
- f. Employee's transporting clients must have:
 - 1) A current driver's license,
 - 2) Evidence of insurance coverage,
 - 3) Proof of current first aid training,
 - 4) Proof that the contractor checked employee's driving record and restricted those with undesirable records.

4. **Host Home and Professional Parent Qualifications and Requirements**

- a. Host Home and Professional Parents must:
 - 1) Be at least 21 years old,
 - 2) Pass a BCI check, along with anyone else living in the home who is age 18 or older, **prior** to providing any supports,
 - 3) Be interviewed by and provide two written references to the Contractor prior to services being rendered.
- b. The Contractor shall:
 - 1) Verify at least two previous employers/personal references provided and maintain a file of the same,
 - 2) Provide technical support and assistance (including consultation and hands-on training) as well as respite, to Host Home and Professional Parents in the day-to-day operation of their homes.

5. **Staff To Client Ratios**

Staff to client ratios shall be based upon the need of the client and shall meet the minimum ratios identified in the client's individualized budget worksheet. To comply with the staff to client ratio, Contractors must deliver the hours of service identified in each client's individualized budget worksheet.

6. **Staff Training Requirements**

All direct care and direct care supervisory staff shall receive training in the areas and according to the schedule set forth below. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with disabilities.

- a. **Prior** to providing any support to clients, staff shall be trained and assessed to ensure appropriate competency in the following:
 - 1) For Community Living Supports (residential) and Day Supports, ensure training in Emergency Procedures, e.g. when to call emergency 911 number, incident reporting, when to call a doctor or hospital and orientation about seizure disorders,
 - 2) Behavioral Supports,
 - 3) Crisis Procedures,
 - 4) Legal Rights of Persons with Disabilities,
 - 5) Abuse, Neglect, and Exploitation,
 - 6) DHS Code of Conduct,
 - 7) Confidentiality,
 - 8) Orientation to Persons with Mental Retardation, Developmental Disabilities and/or Brain Injury.

- b. **After 30 days of employment**, staff shall receive additional training in the following areas:
 - 1) Medication competency:
 - a) Identification of common medications, their effects, purpose and side effects,
 - b) Identification of medications and medication side effects specific to the client receiving supports, including self-medication administration and documentation.
 - c) On going training on all medications including reason and circumstance for administration, dose, scheduling, etc.,
 - 2) Illness symptom recognition specific to the client receiving services,
 - 3) Prevention of communicable diseases,
 - 4) Specific dietary issues for clients with diabetes or other critical health care issues,
 - 5) Knowledge about the disability, and the required support and strengths of the client the employee is to support,
 - 6) Knowledge of the client's swallowing and eating difficulties, if applicable,

- c. **By the end of six months of employment**, staff shall demonstrate competency in the following areas:
 - 1) The use of non-aversive techniques as a first response in behavioral crisis prevention and intervention,
 - 2) If the client receiving services is likely to become aggressive, MANDT System for Managing Non-Aggressive and Aggressive People, Professional Assault Response Training or other DHS/DSPD approved intervention is required,
 - 3) DHS/DSPD rules, philosophy, mission, and beliefs,
 - 4) Contractor policy, philosophy, and mission,
 - 5) Principles of age appropriate community inclusion and natural support development,
 - 6) Key elements of the American with Disabilities Act,
 - 7) Person Centered Process plan development,
 - 8) Common disabling conditions of the client receiving services,
 - 9) Recreation and leisure skills,
 - 10) Emergency procedures such as First Aid and CPR, including the Heimlich maneuver and/or other choking relief maneuvers.
 - 11) Basic concepts of good nutrition,

- 12) Contractors and contractor's staff providing ABI services shall demonstrate competence in the following areas:
 - a) Brain behavior relationships,
 - b) Transitioning from hospitals to community support programs including available resources,
 - c) Functional impact of brain changing,
 - d) Health and medication classes,
 - e) Role of the direct care staff relating to the treatment and rehabilitation process,
 - f) Treatment plan and behavioral supports,
 - g) Families perspective of the brain injury.

d. **By the end of one year of employment**, staff shall demonstrate competency in the following areas:

- 1) Self determination principles,
- 2) Person Centered Planning process and principles,
- 3) Personal outcomes,
- 4) Contractor operations and service delivery.

e. After the above training requirements have been met, direct care staff shall complete a minimum of 12 additional hours, as related to their job position, of training per year.

7. **DHS Code of Conduct**

All Contractors and their staff are required to be familiar with and abide by the DHS Code of Conduct policy prohibiting the abuse or neglect of clients with disabilities. Copies of this policy shall be maintained at each program site and annually each employee will sign that they have read it.

8. **Person Centered Planning**

Appropriate Contractor staff will be expected to participate in and comply with the requirements of the DHS/DSPD Person Centered Planning Process in providing services. This process consists of four main steps, assessing, planning, implementing, and evaluating. Input from the client's team guides and directs the process at each step. It operates as follows:

- a. Once a year the DHS/DSPD Support Coordinator prepares an Individual Service Plan (ISP) for each client. The ISP is developed based on the supports listed in the client's previous years ISP as well as other supports identified as needed for the person. It identifies the amount, duration and frequency of each of the client's services or supports. It also states the outcome of the prior year. (The ISP for first-time clients reflects the services and supports required by the client as determined through the assessment process.)
- b. The Support Coordinator schedules and facilitates a Person Centered Planning meeting with the client's team. The team consists of the Support Coordinator, the client or the client's representative, the Contractor and Contractor's direct care staff, therapist and whomever else the client or his representative selects. The team works together to identify goals for the client for the up coming year and how best to implement and evaluate those goals and the related individual supports for which each member of the team is responsible.

- c. During the Person Centered Planning meeting, the Support Coordinator prepares an Action Plan. This plan reflects both the client's goals and the implementation and evaluation strategies as determined by the team. (The team decides the level of detail required to describe the actions involved in assessing, planning, monitoring and evaluating the client's supports, based on the experience and expertise of the staff providing the supports).
- d. The Individual Service Plan document is then filed in the DSPD client file after a copy is given to the Contractor. The Contractor is responsible for implementing the applicable portion of the ISP's Action Plan. The Contractor's ISP document may include the following separate documents: Action Plan, Behavioral Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
- e. Once the Action Plan has been developed, the Contractor must orient the client to the plan and ensure the client is involved in its implementation. If a team member believes the Action Plan is not being implemented as outlined, or if a team member receives a report from the client or the client's representative to this effect, that member shall immediately notify the Support Coordinator so the issue can be resolved.
- f. The team is required to meet at least annually (within 12) months of the last Person Centered Process meeting) to review the client's service/support requirements and to make adjustments as necessary based on the client's needs. However, it may meet more often as determined by the client or other members of the team.
- g. The Team is encouraged to promote the development of natural supports, as it relates to the services, for clients.

9. **Special Record Keeping Requirements**

- a. Personnel Records: Contractors shall maintain individual personnel files for all persons employed, under contract, or otherwise associated with the Contractor. The files shall include the person's:
 - 1) Application (including name, address, and telephone number),
 - 2) References,
 - 3) BCI release forms,
 - 4) Signed DHS Code of Conduct,
 - 5) Record of training and competency test methods and results,
 - 6) Copies of educational transcripts and Degrees (if transcripts and degrees are used by the contractor to prove competency).
- b. Family Support and Respite Care Provider Records: All individuals providing family support and respite care shall provide and/or maintain the following information and/or documents:
 - 1) Name, address, and telephone number,
Training and experience in the area of disabilities as it relates to services contracted or provided,
 - 3) Any physical problems that might limit the individual's ability to provide a specific kind service for the client,
 - 4) Three non-family references including contact names, addresses, and telephone numbers,
 - 5) BCI release forms.

- c. Client Records: The Contractor shall maintain individual client records for each client served. All DHS/DSPD client records are the property of DHS/DSPD and the State of Utah and shall be furnished to DHS/DSPD upon request. Client records shall include the following information as applicable:
- 1) The client's name, address, phone number, birth date, identification number and Medicaid number; name and address of sponsor or owner of facility providing services; Support Coordinator's name, address and phone number. (The Contractor shall make contact with the Support Coordinator accessible to the client at all times. Self-Directed Corporations are exempt from this requirement.),
 - 2) A photograph of the client,
 - 3) The name, address, and phone number of the client's representative,
 - 4) The names of emergency contacts and instructions on how to contact them,
 - 5) The name and phone number of the client's primary care physician, medical specialist and medical insurance, if any,
 - 6) A copy of the client's social history and psychological evaluation (when provided by DHS/DSPD),
 - 7) Client health information including the following:
 - a) A record of all medical and /or dental examinations performed, including assessments, treatments, and prescribed medication(s),
 - b) A record of all surgeries, immunizations, illnesses, chronic complaints, and significant changes in health,
 - c) Authorization for any emergency medical treatment needed,
 - d) A record of all medication(s) taken by the client,
 - e) A record of all incidents requiring first aid and/or a referral to medical personnel or a health care facility,
 - f) A record of all medication errors,
 - g) A record of all accidents or injuries,
 - 8) Documentation of behavioral or other incidents such as property damage,
 - 9) The client's current action plan with the Contractor's support strategies and records documenting the implementation of those strategies (e.g., monthly progress notes, attendance records, and service records identifying the service rendered, the name of the person providing the service, the location where services were rendered and the date and number of hours rendered.),
 - 10) The client's admission and termination dates, sponsorship (DHS/DSPD or private), paybacks related to the client, and reimbursement requests (Forms 520, and 1032). These records must be maintained for five years from the date of discharge,
 - 11) Human Rights documentation, guardianship and other pertinent legal documents,
 - 12) A completed Representative Payee or a Voluntary Financial Support Agreement,
 - 13) A record of all incidents and protective service investigations documented in accordance with DHS requirements,
 - 14) A written agreement signed and dated by the client or the client's representative **prior** to the delivery of services that identifies:
 - a) All of the costs and fees that will be charged by the Contractor for care and services, including any extra costs such as personal items that may be incurred,
 - b) The client's obligations regarding the payment of such charges, and
 - c) The Contractor's refund policy,
 - 15) A statement signed by the client and/or the client's representative verifying that Contractor both explained and provided the client with a copy of its client grievance policy and procedures,
 - 16) Documentation that the Contractor assisted the client with applying for unearned income benefits, including food stamps,
 - 17) Documentation showing that all client food stamp entitlements were properly used to supplement the client's food costs,

18) Documentation of all service fees received from the client's Representative Payee.

- d. Family Support and Respite Care Service Records: All personnel employed by, associated or contracted with a Contracting Agency to provide family support or respite services will maintain a record for each client served and comply with DHS/DSPD Administrative Rule 539-5, "Provider Records for Individuals".
- e. Medicaid Records: Contractors providing Medicaid reimbursed home and community-based waiver services shall document all client services provided as identified below:
 - 1) The name of the client served,
 - 2) The name of the individual who delivered the service,
 - 3) The specific service provided,
 - 4) The date the service was rendered,
 - 5) The amount of time spent delivering the service, and
 - 6) Progress notes describing the client's response to the services [e.g., progress or the lack of progress as documented in the monthly summaries and/or progress notes].All Medicaid service records shall be made available for State or Federal audit and review purposes upon request.
- f. Operational Records: Contractors shall maintain the following records where applicable:
 - 1) Documentation of compliance with zoning, life safety, health, and fire inspections as required for licensure where applicable,
 - 2) Copies of contracts or agreements with DHS/DSPD and other agencies or professionals in the community the Contractor regularly uses to provide services to clients,
 - 3) Records of operational costs and revenue according to general accounting principles.

10. **Maintenance of Client Records**

- a. Client records shall be locked and secured to protect the interests of the client.
- b. Contractor staff shall have access to only those portions of the record that directly relate to the client's support.

11. **Release of Client Information**

- a. Pursuant to Utah Code Annotated §63-2, the Government Records Access and Management Act (GRAMA), client records are classified as private or controlled.
 - 1) Private information is information that contains personal data on clients. Access to private client information is restricted to State and Contractor agency personnel and the client who is the subject of the record. (See Utah Code Annotated § 63-2-302.),
 - 2) Controlled information may even be withheld from the person who is the subject of the record and the person's representative. It is the most restrictive classification and is rarely used. Controlled information includes medical or psychological information that would be detrimental to the client's mental health, information that would jeopardize someone's safety, or information that, if released, would violate normal professional practices and ethical standards. (See Utah Code Annotated § 63-2-303.)
- b. Contractors shall comply with GRAMA in safeguarding and releasing client information.
 - 1) Prior to releasing any client information, Contractor shall obtain an appropriate Release of Information form completed and signed by the client or the client's representative authorizing the Contractor to release the information requested to the individual requesting it,

- 2) Contractor shall also obtain the name, signature and title of the individual requesting the information, the date and reason given for examining the record and a description of the information released,
 - 3) The Release of Information form shall be maintained in the client's file.
- c. DHS/DSPD has the right to request or review client records from the contractor at anytime.

12. Retention and Destruction of Client Records

- a. Contractors shall retain client records as follows:
 - 1) Child Records: For clients under age 22, Contractor shall retain the record five years after the client's 21st birthday,
 - 2) Adult Records: For clients age 22 and older, the Contractor shall retain the record based on the retention schedule, see Attachment K,
 - 3) Closed Contractor Records (records on clients who have transferred to another Contractor or who no longer require services from DHS/DSPD):
 - a) For clients under age 22, the Contractor retains closed records for five years after the client's 21st birthday,
 - b) For clients age 22 and older, the Contractor retains closed records for five years after the date of closure.
- b. Contractors may store client records at the Utah State Archives Office at no cost to the Contractor.
- c. Contractors shall comply with the provisions of Utah Code Annotated § 63-2-905 (burn or shred) in the destruction of client records.

13. Service Rates and Billing Requirements

Payment for services provided will be based on the rates established by DHS/DSPD for each of the various services covered by this RFP. A complete listing of current rates is located in Attachment C. Rates may be subject to change based on the maximum allowable rate established for each service by DHS and/or the amount of funding available to DHS/DSPD each year. Rates may be adjusted annually, effective July 1, for a Cost of Living Adjustment (COLA), only if funds for a COLA are appropriated by the legislature. DHS/DSPD may also negotiate with the Contractor for lower rates but cannot pay amounts higher than those established by DHS. Contractors shall cooperate with and provide requested fiscal information to DHS/DSPD for rate setting purposes and/or in conjunction with any audits initiated.

Contractors will have in place a system to track direct services (face-to-face) hours provided to clients. This data will be available to DHS/DSPD monitors and submitted quarterly to DHS/DSPD in a standard format (to be provided by DHS/DSPD) beginning with the first quarter of the contract period.

14. Utilization Reviews

Contractors shall cooperate with all DHS/DSPD utilization review procedures and processes.

15. Protective Service Investigations

- a. Contractors shall cooperate in all DHS Protective Service Investigations. If a DHS/DSPD client in residential services alleges abuse or neglect by a member of the Contractor's staff, the Director of the contracting agency will be notified of the allegation and further placements at that site will be suspended until the investigation is completed and a determination made with regard to the allegations.

- b. If an allegation is made against a staff person, the staff person involved shall not be allowed any unsupervised contact with clients until the investigation is completed and a determination made with regard to the allegations.

16. Incident Reports

- a. Within 24 hours of any incident requiring a report, Contractors shall notify both the DHS/DSPD Support Coordinator and the client's Guardian by phone, email, or fax.
- b. Within five business days of the occurrence of an incident, Contractors shall complete a DHS/DSPD Form 1-8 Incident Report and file it with the DHS/DSPD Support Coordinator at the DHS/DSPD Region Office.
- c. The following situations are incidents that require the filing of a report:
 - 1) Actual and suspected incidents of abuse, neglect, exploitation, or maltreatment per the DHS/DSPD Code of Conduct and Utah Code Annotated §62-A-3-301 through 321 for adults and Utah Code Annotated §62-4a-401 through 412 for children,
 - 2) Drug or alcohol abuse or medication overdoses or errors reasonably requiring medical intervention,
 - 3) Missing person,
 - 4) Evidence of seizure in a client with no seizure diagnosis,
 - 5) Physical or chemical emergency behavioral interventions,
 - 6) Significant property destruction (Damage totaling \$500.00 or more is considered significant. Property damage shall be covered by Contractor's insurance.),
 - 7) Physical injury reasonably requiring a medical intervention,
 - 8) Law enforcement involvement,
 - 9) Any other instances the Contractor determines should be reported.
- d. After receiving an incident report, the DHS/DSPD Support Coordinator shall review the report and decide if further review is warranted.

17. DHS Fatality Reviews

The death of a DHS/DSPD client who meets one or more of the criteria below is subject to a DHS fatality review. Contractors shall follow the DHS fatality review process upon the death of any client who meets the following criteria:

- a. Client resided at the Developmental Center at the time of death or within 12 months prior to death,
- b. Client was in the physical custody of DHS/DSPD,
- c. Client resided at a facility/program owned or operated by DHS/DSPD,
- d. Client resided at a facility/program owned or operated by an agency with a contract with DHS/DSPD to provide Community Living Support,
- e. Client lived outside the family home and received support services within 12 months prior to the date of death,
- f. Client lived at home and died while receiving a DHS/DSPD funded service such as Day Support, Supported Employment, or Respite Care,
- g. Any client whose death the DHS/DSPD Director requests be reviewed.

18. **Licensure/Certification**

Before a Contractor can accept DHS/DSPD clients for services, required licenses or certifications must be obtained from the appropriate agencies. The required license or certificate is listed with each service description in Attachment B.

19. **Sanctions For Non-compliance**

- a. If a contractor does not pass the Quality Assurance review, DHS/DSPD can impose sanctions from an informal written warning up to and including termination of the contract.
- b. If required reports and billings are not submitted in a timely manner, payment may be denied. Below is a table showing documents and their due dates:

DOCUMENT	DUE DATE
Incident Report	Five business days after the event.
Support Strategies	30 days after the Action Plan is competed.
Monthly Summary	15 days after the end of the month.
520 Billings	30 days after the receipt of the DHS/DSPD generated 520 billings.

- c. The Contractor has the Right of Appeal if they do not believe an action taken by DHS/DSPD was appropriate; see DHS Standard Contract, Part I, Section E #6 at www.hsofo.utah.gov/contracts_forms.htm.

20. **Representative Payee/Personal Funds**

- a. Unless a client/representative voluntarily signs a DHS/DSPD Form 1-3 or is restricted by the client's team, the client shall have access to and control over personal funds. The Contractors Human Rights Committee may recommend to the client's team to restrict a client's right to manage personal funds, if the client's money, health or safety is placed in jeopardy by severe mishandling, unlimited access or exploitation of funds by the client or others. The Contractor's staff shall give the client training, support and opportunities to manage finances to the maximum extent possible. Support Coordinators and Contractor's staff shall document the handling of personal funds in a way that is not harmful or embarrassing to the client and supports the intent of the income source. A team may determine how a client can be assisted with financial matters, recommend the type of financial support a client may need and refer the client to a review by the Contractor's Human Rights Committee. The Contractor's staff should act as protective payee only in a situation where no other knowledgeable, financially competent adult willing to take on protective payee responsibilities can be identified. An alternative procedure to the one listed below can be submitted by the Contractor for approval by the DHS/DSPD Director.

b. Procedures

1) Personal Funds Management Support

- a) Upon receipt of the client's team approval or a DHS/DSPD form 1-3, Voluntary Financial Agreement, signed by the client/Representative, Contractor's staff shall manage the major personal business affairs of a client. Major personal business affairs include management of personal funds, checking account, saving account, or other financial matters related to Supplemental Security Income checks, tax assistance, etc. Any variance from procedures must be approved by the Contractors Human Rights Committee or requested by the client/representative and documented in the Action Plan.

- b) The Contractor's staff shall review financial records with the client at least monthly.
 - i) The Contractor's staff shall maintain documentation of this review in the client's records.
 - ii) An accurate record shall be kept of all funds deposited with the Contractor for use by the client. This record shall contain a list of deposits and withdrawals by category of food, rent, clothing and leisure. This record shall be verifiable with receipts and/or monthly bank statements.
 - iii) Purchases over 20 dollars per item shall be substantiated by receipts signed by the client and professional staff. Multiple items purchased over 20 dollars shall be verified with receipts, cancelled checks or monthly bank statements.
- c) A record shall be kept of the client's petty cash funds. The amount of cash maintained in the client's petty cash account shall not exceed 50 dollars without Contractor's administrative approval. Records shall be kept of all deposits and withdrawals to the petty cash account.
- d) The Contractor's staff shall assure accuracy of personal financial records through monthly review performed by someone other than the Contractor's staff authorizing expenditures. This review shall include verifying receipts of purchases and possession of single items exceeding twenty (20) dollars in value. A quarterly administrative review of monthly financial documentation, bank statement, receipts and purchases shall be conducted by each Contractor for a random sample of clients receiving support to ensure adequate control of finances for all clients served by the contractor. The contractor's staff shall maintain documentation that proved reviews were conducted.
- e) It is recommended that the contractor protect the client's funds by using methods such as:
 - i) Not writing checks for more than 35 dollars a week,
 - ii) Not using the Automatic Teller Machine for transactions.
 - iii) Making deposits with no cash back.These actions help to protect the client's funds by establishing a bank record of the total funds received by the client and requiring the client to sign all transactions. The Contractors Human Rights Committee may propose specific limits on a client's access to money and allowable spending amounts for the client's team review and approval.
- f) A client shall not give cash to or make purchases from the Contractor or Contractor's staff. A client shall not write checks to the Contractor's staff. Only in cases of emergency, may a client write a check to repay a loan made by the Contractor. A client shall have adequate access to personal finances to cover anticipated expenditures.
- g) The Contractor's staff shall not loan or give money to a client. The contractor shall not loan or give money to a client except in case of an emergency, see h) below. A client shall not loan or give money to the Contractor's staff or the Contractor itself

- h) In the event of an emergency situation, a Contractor may write a check to the client or the client may borrow money from the Contractor. The client's Support Team must be notified and approve the actions of the Contractor in this situation. The Contractor's staff must document the emergency and the client's team approval and maintain this documentation in the clients record. The Contractor shall have policies and procedures in place to make sure a client does not continuously owe the Contractor money due to emergency situations.
- i) Belongings with a purchase price or value of 50 dollars or more shall be inventoried. The inventory shall also include other items of significance to the client, which may cost less than 50 dollars. The inventory shall be updated once a year. Discarded items shall be deleted from the inventory list. Documentation of the reason for the deletion of an item shall be maintained and shall require the signature of the client/representative and one Contractor staff or two Contractor staff if the client/representative is not available. Personal possessions shall be released to the client/representative whenever the client moves.
- j) The Contractor shall maintain written policy and procedures ensuring that all personal funds are to be released at the time of discharge or upon demand to the client/representative after outstanding bills are paid.
- k) Contractor's staff must provide documentation of the handling of client's funds in a manner that is least intrusive and restrictive to the client even if the Contractor staff act as representative or protective payee of the clients funds.
- l) Representative or protective payees are entitled to a reconciled financial statement of fiscal activity at least monthly.
- m) Representative or protective payees monthly statement shall be forwarded each quarter to the Support Coordinator. The DHS/DSPD Region will create a procedure to govern this report.

21 **Human Rights Plan**

- a. All Contractors delivering direct services or supports to clients are responsible to ensure that an Agency Human Rights Plan is developed and a DD/MR ABI Human Rights Committee established. Each Agency Human Rights Plan must identify:
 - 1) The training about the rights of clients and staff,
 - 2) Procedures for prevention of abuse and rights violations,
 - 3) Process for restricting rights when necessary,
 - 4) Review of supports that have high risk for rights violations,
 - 5) Responsibilities of the Human Rights Committee including the review of rights issues related to the supports a Contractor provides and give recommendations to the client and their Team.
- b. All clients and staff will have access to the Contractor's DD/MR ABI Human Rights Committee except clients receiving only family supports or respite.

PART V -- PROPOSAL FORMAT AND CONTENT REQUIREMENTS

Proposals shall be prepared on 8 ½" x 11" paper using 11 or 12 point font with page numbers at the bottom of each page. They shall be **clipped** together with a document clip (**no three (3) ring binders** please).

Please do not submit brochures with your proposal. Any brochures received will be discarded.

Proposals shall include the following information and documents organized in the order shown under tabs labeled with the **bolded and underlined** headings identified below:

A. **COMPLETED RFP FORM**

All proposals must include the original DHS Request for Proposal Cover Sheet completed and signed.

B. **EXECUTIVE SUMMARY**

The Executive Summary will include:

1. A one or two page summary briefly describing the Offeror's proposal and identifying by heading and page number, where each item or piece of information requested in the Technical Requirements section of the RFP can be found in the Offeror's proposal.
2. A justification statement for any proprietary information requests will be noted in Executive Summary section, (see III.M).

C. **TECHNICAL REQUIREMENTS**

This section requires a specific point-by-point response to each of the stated requirements. The purpose of the stated requirements is to obtain information from the Offeror about its program(s) and operations so that the DHS/DSPD can evaluate the Offeror's ability to provide the services/supports requested in this RFP. Given this objective, **Offerors shall not simply repeat the information and/or service requirements identified in the RFP in responding to the requirements of this section.**

1. **General Program Requirements**

- a. Quality Improvement Plan: Submit a copy of the Offeror's internal quality assurance plan.
- b. Plan for Outcome Measurements: Describe the outcome measurement system Offeror will be using to track and improve both client outcomes and program outcomes. Include the specific performance goals and outcomes Offeror has identified for its program as well as the method(s) Offeror plans to use to measure the achievement of the same.
- c. Provide a summary of the experience of Offeror's management personnel serving people with disabilities. The summary shall include the total number of years Offeror's management personnel have provided services, the types of service provided, and the specific populations served.
- d. Provide a description of the process used by Offeror to collect, track and document direct service (face-to-face) hours, provided to the clients, for reporting purposes.

2. **Specific Program/Service Requirements**

- a. Program and Service Descriptions:
 - 1) Identify **each** program (i.e.: Community Living; Family Supports, and/or Day Supports) Offeror proposes to provide, including:
 - a) The population Offeror proposes to serve (DD/MR, ABI or both),

- b) The specific services or supports (hereinafter “services”) Offeror proposes to provide under the program (identify services by the service code and service description title provided in the RFP, for example: FS3, Family Assistance and Support-DD/MR),
 - c) A summary of Offeror’s knowledge, skills, abilities and experience in providing the program.
 - 2) Briefly describe (no more than one page per service) how Offeror will provide each service identified in V.C.2.a.1).b) above. Include in your description how Offeror will meet the basic requirements of the service as identified in the service description for that service, (see Attachment B).
- b. Person Centered Planning Process: Respond to each of the following incorporating the principles of DHS/DSPD’s Person Centered Planning process:
 - 1) Assessments: Describe briefly who would be involved in the Person Centered Planning assessment process and their roles. What assessments would you use and how would these assist in the planning?
 - 2) Planning: Describe briefly who would be involved in the Person Centered Planning process including their roles and activities.
 - 3) Implementation:
 - a) Describe the challenges in implementing the support strategies and describe how to address those challenges,
 - b) For each program being bid for, the Offeror will prepare a Support Strategy for a client and answer the questions using Attachment H-1. Note, not all support strategies will require this level of detail, as that will be set by the team, but Attachment H-1 should be used as the standard for this sample to complete the RFP.
 - 4) Evaluation:
 - a) Describe your role in ongoing evaluations of Action Plan.
 - b) For each program being bid for, the Offeror will prepare a Monthly Summary for a client and answer the questions using Attachment H-2. Note, not all Monthly Summaries will require this level of detail as that will be set by the team, but Attachment H-2 should be used to complete the RFP.

D. APPENDIX REQUIREMENTS

Offerors shall submit the following information, statements and/or documents in an Appendix. The required documents shall be completed and signed by the Offeror and organized in the order shown under a tab labeled “Appendix”:

1. Conflict of Interest-Disclosure Statements, (see Attachment D-1 or D-2),
2. DHS Provider Code of Conduct – Certification of Understanding and Compliance signed by the Offeror for submission of the bid, (see Attachment E),
3. W-9 Tax ID Form-“Request for Taxpayer Identification Number and Certification”, (See Attachment F),
4. Offeror’s Data Sheet, (see Attachment G),
5. Executive Director’s Resume (the resume shall fully outline the Executive Director’s personal education and work history).
6. For all professional staff, supervisors, facility managers and administrator, list education, work experience, licenses, position and title and employment status, (see Attachment I).
7. Submit a **copy** of your Registration or proof of payment (receipt) to obtain Registration from the Department of Commerce, authorizing Offeror to conduct business in the State as a corporation, partnership, LLC, DBA or other business entity. For more information please refer to <https://secure.utah.gov/bes/bes>.
8. Names and addresses of corporate officers or partners.

PART VI – PROPOSAL EVALUATION CRITERIA

Proposals received will be evaluated on a pass/fail and scored basis as indicated below using the criteria identified in the Score Sheet that is Attachment J to this RFP. Each area of the evaluation criteria must be addressed in detail within the Offeror’s proposal in order for Offeror to receive credit for responding. As stated previously, the purpose of having Offerors respond to this RFP is to determine the Offeror’s ability to successfully provide the services in the RFP. Therefore, Offerors who simply repeat information provided in the RFP when responding to a given requirement shall not receive credit for responding to that requirement.

A. APPENDIX REVIEW

The Appendix review is pass/fail, see Attachment J-1. To pass the Appendix Review, Offerors must **complete and submit** all of the information and/or documents requested in the Appendix Requirements section of Part V **as well as pass** each necessary item on the Offeror’s Data Sheet Evaluation form, see Attachment J-2. If any of the required information and/or documents are missing, or if the information/documents provided indicate Offeror does not have the qualifications necessary to provide the services requested, Offeror’s proposal will not be reviewed further. Offeror will be notified of the failure and can submit one amendment with corrected information, see VI.C below.

B. TECHNICAL REQUIREMENTS REVIEW

When the Appendix Review is passed, a Technical Requirements Review will be conducted. In order to pass this review, Proposals must receive a score of 80 points or higher on the Technical Requirements/General Program Evaluation Score Sheet (Attachment J-3) and a score of 80 points or higher on the combination of Specific Program/Service Evaluation, Support Strategy Evaluation and Monthly Summary Evaluation (Attachment J-4a, b, c). Proposals failing to pass the Technical Requirements Review see VI.C below.

C. AMENDMENTS TO CORRECT DEFICIENCIES

DHS/DSPD shall notify Offerors whose proposals fail to pass the initial Appendix Review and/or Technical Requirements Review. A Notification of Deficiencies letter will identify the proposal's failure, reason(s) and due date for resubmission. The Offeror will then be given an opportunity, at DHS/DSPD's discretion, to amend their proposal by correcting the identified deficiencies including submitting any missing or incomplete information and/or documents to DHS/DSPD for additional review. (Questions to clarify the information/documents found to be deficient may be directed to Teena Scholte, Contracts Administrator, 801-538-4140.)

Offeror amendments **must be received** on or before the due date (due dates will not be extended) provided in DHS/DSPD's Notification of Deficiencies letter to the Offeror in order to be considered. Failure to respond by the due date will result in the failure of the Offeror's proposal at that point. **All amendments shall be sent to the address below:**

Mailing Address:

Department of Human Services
Bureau of Contract Management
Attention: Rosalie Nance, Purchasing Agent
120 North 200 West, #213
Salt Lake City, UT 84103

Hand-Delivery Address:

Department of Human Services
Attention: Rosalie Nance, Purchasing Agent
First Floor Information Desk
120 North 200 West
Salt Lake City, Utah

Upon receiving an amendment, the DHS/DSPD review committee shall re-review Offeror's proposal to determine whether the amended proposal meets the requirements of the RFP at the level of review at issue. Proposals failing to pass either the Appendix Review or the Technical Requirements Review upon re-review, will not be considered further and will not be eligible for award of a contract.

PART VII – ATTACHMENTS TO THE RFP

- A. Attachment A, "Acronyms, Definitions, and References"
- B. Attachment B, "Specific Service and Support Requirements"
- C. Attachment C, "DSPD Payment Rate Table"
- D. Attachment D, "Conflict-of-Interest Disclosure Statement"
- E. Attachment E, "Contractor Certification Of Understanding And Compliance with DHS Code of Conduct"
- F. Attachment F, "Request for Taxpayer Identification Number "and Certification" (W-9 Form)
- G. Attachment G, "Offeror Data Sheet"
- H. Attachments H1 "Criteria for Support Strategies", Attachment H2 "Criteria for Monthly Summary"
- I. Attachment I, "Licensed Professional Staffing Information Form"
- J. Attachment J, "DHS/DSPD Proposal Evaluation Score Sheets"
- K. Attachment K, "Retention Schedule for Documents"

ATTACHMENT A

ACRONYMS:

ABI	Acquired Brain Injury (formerly referred to as Traumatic Brain Injury)
AP	Action Plan
BG	Acquired Brain Injury State General Funds
BM	Acquired Brain Injury Federal/Medicaid Funding
DD/MR	Developmental Disabilities and Mental Retardation
DHS	Department of Human Services
DOH	Department of Health
DSPD	Division of Services for People with Disabilities
ISP	Individual Service Plan
QA	Quality Assurance
RFP	Request for Proposal
SG	Developmental Disabilities and Mental Retardation State General Funds
SM	Developmental Disabilities and Mental Retardation Federal/Medicaid Funds

DEFINITIONS:

Action Plan:	An action plan is a document that describes the client's needs and goals, current situation, and identified supports; as well as, who is responsible for delivering those supports. It is used as a guide for comparing the client's needs and desires to the actual outcomes to assist the client's team in determining future needs and outcomes.
Authorization Disclaimer:	An authorization disclaimer is a form notating that someone other than the Contractor will manage the financial affairs of the client receiving Social Security Administration payments, with the approval of the Social Security Administration Office.
Client:	A Person with disabilities, who is eligible to receive funding for services.
Contractor:	Under this RFP, a Contractor is anyone or any Entity that is contracted to provide services to DHS/DSPD clients. DHS/DSPD also refers to Contractors as Provider Agencies.
Discrete Services:	Supervision service only, no skill development required, see Companion Services.
ISP	An Individual Service Plan is a written plan based on supports listed in the Action Plan, developed by the Support Coordinator and details the services and supports to be delivered by qualified waiver Contractors.
Natural Support:	A natural support is support and resources provided in the community by family, friends, neighbors and others who are not paid to provide such supports.
Offeror:	Under this RFP, an Offeror is anyone or any Entity submitting a proposal to provide a service(s) to DHS/DSPD clients.
Psychotropic Medication	Include any medication used or prescribed primarily to improve mood, mental status or behavior.

Quality Assurance:	An organized set of activities intended to systematically ensure safety of clients receiving DHS/DSPD funding and to encourage improved performance.
Representative Payee:	The Representative Payee is someone who manages the financial affairs of the client receiving Social Security Administration payments, with the approval of the Social Security Administration Office.
Support Strategy:	The Support Strategy is the implementation plan that 1) identifies how and by whom the services and supports that are in the action plan, will be delivered; 2) details how support delivery will be coordinated by the Contractor and other providers and 3) states how progress towards the intended outcome will be documented and communicated.
Services and Supports:	These are the services and supports allowed under the DHS/DSPD Medicaid Waivers and DHS/DSPD programs which may or may not be reimbursable by Medicaid. These services and supports are essential in assisting the client in living a more integrated, complete and fulfilled life.
Utilization Review:	This review is a technique used in managed care systems to evaluate the extent to which certain services are used, in relationship to the services received. The review is performed on the specific services received by certain clients or certain groups of clients.

REFERENCES:

DHS Code of Conduct Policy:	http://www.dhs.state.ut.us/pol_reports.htm
Administrative Rule R539:	http://www.code-co.com/utah/admin/admcodes.htm

ATTACHMENT B
SPECIFIC SERVICES AND SUPPORTS REQUIREMENTS

- A. WAIVER ELIGIBILITY** Contracts awarded under this RFP will be funded through a combination of waiver eligibilities. The eligibility codes DHS/DSPD uses are:

1. DD/MR Non-waivered (SG),
2. DD/MR Medicaid Fund (SM),
3. Acquired Brain Injury Non-waivered (BG),
4. Acquired Brain Injury Medicaid Fund (BM).

B. INVITATION TO SUBMIT OFFER TO PROVIDE SERVICES (FORM 1-6)

When it is determined that a client wants or needs service(s), the support coordinator will use Form 1-6 to obtain bids from Providers and help the client or their representative to make a selection.

First the support coordinator will fill out section I of the form and send it to all Contractors approved to provide that service. The Contractor fills out section II and returns the Form. The Support Coordinator will then fill out section III of all returned Forms after the due date. The Support Coordinator arranges for activities that will provide informed consent and choice of providers for the client and the client's representative. The Support Coordinator will then list the reason each provider was or was not selected and place the completed forms in the clients record.

C. SPECIFIC SERVICE AND SUPPORT REQUIREMENTS

1. **COMMUNITY LIVING (RESIDENTIAL) SUPPORTS PROGRAM**
Codes: CLI, CLS, COM, ELA, ELC, HHS, MTP, PPS, RTS, SLH

Community Living Intensive (Residential) Supports

Service Code: CLI

Program: Community Living

Waiver Eligibility: DD/MR (SM, SG)

a. SERVICE CODE DESCRIPTION

Community Living Intensive Support (CLI) services is only for Developmentally Disabled and Mental Retarded clients (DD/MR). This service was established to provide a higher hourly reimbursement rate for a specific population.

CLI provides community living for people needing training, assistance and support to live as independently as possible in their own homes, apartments, and group homes. These services allow clients that exceed the standard service level, an opportunity to enjoy more personal freedom in selecting where, how and with whom they will live. CLI can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support, and other community living supports will be defined in the client's ISP/AP based on the client's selected housing arrangement and assessed needs. Supports are available to clients who live alone or with roommates. CLI includes direct support services such as behavior support, meal preparation, assisting with eating, bathing, dressing, and/or personal hygiene as well as indirect services such as socialization, self-help, and adaptive/compensatory skills necessary to reside successfully in the community. The Contractor will ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

Limitations: CLI is not available for new clients coming into services. The client receiving services pays room and board. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment). Payments for CLI are not made for the cost of facility maintenance, routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety and accessibility of the clients who reside there, which is consistent with the criteria established for the Environmental Accessibility Adaptation service. CLI is not available to children living in their parent/legal guardian's home. For adults living in the home of their parents or family, please refer to Supported Living (SLN) services.

b. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

The Contractor must have the capacity to provide the following services directly to a client in a program.

- 1) All facilities must be ADA accessible.
- 2) CLI can include 24-hour direct care staff supports. Actual type, frequency, and duration of direct care staff support, and other community living supports will be defined in the client's ISP/AP based on the clients preferences, selected housing arrangement, assessed needs and spending limit.
- 3) The CLI Budget Worksheet (worksheet) is the tool used by DHS/DSPD, the client and the client's support team, to cost out the supports that the client has chosen in their ISP/AP (limited by the client's authorized spending limit). The worksheet provides choices among various types of supports. Once the supports are selected, the worksheet specifies the type of supports, the number of hours, and hours of staffing supports provided each day or month. DHS/DSPD will audit/monitor and work with the Contractor to ensure that services have been provided.
- 4) Skill development and other support/services to assist clients in basic living skills, appropriate social interpersonal and communication skills, and adherence to medical and medicine regimes.
- 5) For clients on psychotropic medications, the Contractor will complete the Psychotropic Medication Plan including the following information:
 - a) Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, dosage, titration plans, and expected duration of medication, as determined by a qualified medical professional,
 - b) A statement of the psychiatric diagnosis or specific behavioral-pharmacological hypothesis for each medication prescribed, (if multiple medications are to be used, an explanation for the combination of medications will be stated),
 - c) Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS),
 - d) A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications,
 - e) Identification of other support and services that are available and would be useful in the treatment of the targeted behavior of symptom and/or any related illness or condition of the client. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies.
- 6) The Contractor's staff will assist the client in maintaining a clean, healthy and safe environment.
- 7) The Contractor's reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the CLI rate is supervision and administration rates, and non-personnel operating costs.
- 8) The Contractor will track and have direct service (face-to-face) hours information, see II 13.

c. **STAFFING REQUIREMENTS**

Staffing requirements are established in the client's CLI worksheet and may include up to 24-hour direct care staff support. Types of supports are listed in the CLI Worksheet.

d. **STAFF TO CLIENT RATIO**

Hours of support are established in the client's CLI Worksheet and may include 24-hour direct care staff support.

e. **ABSENCE**

- 1) A day of absence is defined as the period of time a client is away from the CLI setting for 24 or more consecutive hours.
- 2) The Contractor should bill for the day (24 hours) the client departs from the CLI program.
- 3) The Contractor cannot bill for the day the client returns if the hours are 24 or more. For example: if the client leaves on Tuesday at 9:00 AM and returns Wednesday at 8:00 AM, the Contractor may bill DHS/DSPD. If however, the client leaves on Tuesday at 9:00 AM and returns on Wednesday at 9:00 AM, the Contractor cannot bill DHS/DSPD for Wednesday.
- 4) The Contractor will document the time the client departed and returned in an absentee log.

f. **LICENSURE/CERTIFICATION**

- 1) Residential settings of one to three clients, must receive DHS/DSPD certification for each site.
- 2) Residential settings of four or more clients must receive a license for each site from DHS/Office of Licensing.

Community Living (Residential) Supports

Service Code: CLS

Program: Community Living

*Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BM, BG)*

a. **SERVICE CODE DESCRIPTION**

Community Living (Residential) Supports (CLS) is for Developmentally Disabled-Mentally Retarded (DD/MR) and Acquired Brain Injured (ABI) clients and provides community living for people needing training, assistance and support to live as independently as possible in their own homes, apartments, and group homes. CLS service allows clients that exceed the standard service level, an opportunity to enjoy more personal freedom in selecting where, how and with whom they will live. CLS can include 24-hour direct care staff support. Actual type, frequency and duration of direct care staff support, and other community living supports will be defined in the client's ISP/AP based on the client's selected housing arrangement and assessed needs. Supports are available to clients who live alone or with roommates. CLS includes direct support services such as behavior support, meal preparation, assisting with eating, bathing, dressing, and/or personal hygiene as well as indirect services such as socialization, self-help, and adaptive/compensatory skills necessary to reside successfully in the community. The Contractor will ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

Limitations: The client receiving services pays room and board. Personal needs costs are covered through personal income such as Social Security and other income (SSA, SSI, employment.) Payments for residential supports are not made for the cost of facility maintenance, routine upkeep and improvement, other than costs for modifications or adaptations to a facility required to assure the health, safety and accessibility of the clients who reside there, which is consistent with the criteria established for the Environmental Accessibility Adaptation service. CLS is not available to children living in their parent/legal guardian's home. For adults living in the home of their parents or family, please refer to Supported Living (SLN) services.

b. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

The Contractor must have the capacity to provide the following services directly to a client in a program.

- 1) All facilities must be ADA accessible.
- 2) CLS can include 24-hour direct care staff supports. Actual type, frequency, and duration of direct care staff support, and other community living supports will be defined in the client's ISP/AP based on the clients preferences, selected housing arrangement, assessed needs and spending limit.
- 3) The CLS Budget Worksheet (worksheet) is the tool used by DHS/DSPD, the client and their team of support, to cost out the supports that the client has chosen in their ISP/AP (limited by the client's authorized spending limit). The worksheet provides choices among various types of supports. Once the supports are selected, the worksheet specifies the type of supports, the number of hours, and hours of staffing supports provided each day or month. DHS/DSPD will audit/monitor and work with the Contractor to ensure that services have been provided.
- 4) The Contractor will help with skill development and other support/services to assist clients in basic living skills, appropriate social interpersonal and communication skills, and adherence to medical and medicine regimes.
- 5) For clients on psychotropic medications, the Contractor will complete the Psychotropic Medication Plan including the following information:
 - a) Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, dosage, titration plans, and expected duration of medication, as determined by a qualified medical professional,
 - b) A statement of the psychiatric diagnosis or specific behavioral-pharmacological hypothesis for each medication prescribed, (if multiple medications are to be used, an explanation for the combination of medications will be stated),
 - c) Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS),
 - d) A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications,
 - e) Identification of other support and services that are available and would be useful in the treatment of the targeted behavior of symptom and/or any related illness or condition of the client. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies.
- 6) The Contractor's staff will assist the client in maintaining a clean, healthy and safe environment.
- 7) The Contractor's reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the CLS rate is supervision and administration rates, and non-personnel operating costs.
- 8) The Contractor will track and have direct service (face-to-face) hours information, see General Requirements #13.

c. **STAFFING REQUIREMENTS**

Staffing requirements are established in the client's individual worksheets and may include up to 24-hour direct care staff support. Types of supports are listed in the CLS Worksheet.

d. **STAFF TO CLIENT RATIO**

Hours of support are established in the client's CLS Worksheet and may include 24-hour direct care staff support.

e. **ABSENCE**

- 1) A day of absence is defined as the period of time a client is away from the CLS setting for 24 or more consecutive hours.
- 2) The Contractor should bill for the day (24 hours) the client departs from the CLS program.
- 3) The Contractor cannot bill for the day the client returns if the hours are 24 or more. For example: if the client leaves on Tuesday at 9:00 AM and returns Wednesday at 8:00 AM, the Contractor may bill DHS/DSPD. If however, the client leaves on Tuesday at 9:00 AM and returns on Wednesday at 9:00 AM, the Contractor cannot bill DHS/DSPD for Wednesday.
- 4) The Contractor will document the time the client departed and returned in an absentee log.

f. **LICENSURE/CERTIFICATION**

- 1) Residential settings of one to three clients, must receive DHS/DSPD certification for each site.
- 2) Residential settings of four or more clients must receive a license for each site from DHS/Office of Licensing.

Companion Services

Service Codes: COM

Program: Ancillary Service

Waiver Eligibility: DD/MR (SM, SG); ABI (BM, BG)

a. **SERVICE CODE DESCRIPTION**

The purpose of Companion Services (COM) is to provide non-medical care, supervision and socialization to Developmental Disabled-Mentally Retarded (DD/MR) clients 22 and older and Acquired Brain Injury (ABI) clients 18 and older. Companions may assist the client with such tasks as meal preparation, laundry, shopping and other activities, but do not perform these activities as discrete services. Companions may also perform light housekeeping tasks which are incidental to the care and supervision of the client, such as vacuuming, dusting, light mopping, light dishwashing, changing light bulbs, etc. This service does not provide hands on direct health care supports or medical care assistance. This service may also be used for extended periods, over eight hours, for supervision when other services are not available. A roommate not directly related to the client may give this service. To provide companion services, the roommate must be employed by the Contractor. If a client needs more intensive supports and skills training, please refer to Supported Living Hourly (SLH). Health and safety of the client's supports of the client's must be ensured.

Limitations: COM is not available to individuals receiving Community Living Supports, (CLS).

b. **STAFFING REQUIREMENTS**

Staffing requirements are 1:1.

c. **LICENSURE/CERTIFICATION**

The COM Contractor must have a certification from DHS/DSPD.

Extended Community Living Supports-Adults

Service Codes: **ELA**

Program: **Community Living**

Waiver Eligibility: **DD/MR** (*SM, SG*); **ABI** (*ELA only, BM, BG*)

a. **SERVICE CODE DESCRIPTION**

Extended Community Living Supports-Adult (ELA) services are provided to clients who reside in a community living setting during the period of time they are not in a day program. ELA is for a short period of time, such as illness, recovery from surgery and/or transition between Contractors. This service may also be used on a flexible basis to accommodate the client's needs, such as time between the end of a workday and when residential services begin, if the time between work and home fluctuates regularly. Health and safety supports must be ensured by the Contractor, as well as, all other supports that lead to the desired outcome or goal of the client. This is an ancillary service and the Contractor must also be awarded Community Living Supports (CLS) and/or Community Living Intensive (CLI) to provide ELA services.

Limitations: ELA service cannot be used in lieu of supported employment and day treatment programs. It is for extra residential coverage only, and supplements the above supports. For clients who may need long term extended supports, the CLS/CLI worksheet shall be modified to reflect the change in level of support.

b. **POPULATION TO BE SERVED**

ELA services are provided to Developmental Disabled-Mentally Retarded (DD/MR) clients 22 years of age and *above* and Acquired Brain Injury (ABI) clients 18 years of age and *above*, who are found eligible by DHS/DSPD and who are recipients of CLI/CLS services.

c. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

The Contractor must have the capacity to provide the following services directly to a client in the ELA program.

- 1) When a client in CLI or CLS Services is temporarily not in a day program, they may receive an extension of service hours to keep them in a community based setting.
- 2) Recommendation for an ELA service will require the consensus of the client's support team. In the event of an emergency situation, a DHS/DSPD Region Supervisor can approve temporary ELA services. The client's support team will provide follow-up within five working days.
- 3) Before this service can be established a plan will be written and include a minimum of the following components:
 - a) Documentation of the client's choice of service.
 - b) Statement of justification is required.
 - c) A support need identified in the client's ISP/AP written as an outcome and support.
 - d) Time frames to identify how long this service is needed.
- 4) The Contractors reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses, which account for staff vacations, sick time, and leaves for training. Also included in the ELA rate is supervision and administration rates, and non-personnel operating costs.
- 5) When the plan calls for intermittent use of ELA services due to a recurrent condition, then each new incident will require the notification and approval of the Region Supervisor.
- 6) The Contractor must also be able to provide the service requirements for CLS and/or CLI services as required. See CLS and CLI for those requirements.

- d. **STAFF TO CLIENT RATIO**
Hours of support are established in the client's ELA Supports Worksheet and the client's ISP/AP.
- e. **LICENSURE/CERTIFICATION**
ELA is an extension of CLS and CLI Supports and does not require a certificate or license if there is a valid one for the CLS and/or CLI programs.

Extended Community Living Supports-Children

Service Codes: **ELC**

Program: **Community Living**

Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (ELA only, BM, BG)

- a. **SERVICE CODE DESCRIPTION**
Extended Community Living Supports-Children (ELC) services are provided to clients who reside in community living settings during the period of time they are not in school. This service is for a short period of time, such as illness, recovery from surgery and/or transition between Contractors. This service may also be used on a flexible basis to accommodate the client's needs, such as time between the end of a workday and when residential services begin, if the time between work and home fluctuates regularly. Health and safety supports must be ensured by the Contractor as well as all other supports that lead to the desired outcome or goal of the client. This is an ancillary service for clients already receiving Community Living Services (CLS) or Community Living Intensive (CLI) services.

Limitations: The client receiving services pays room and board directly to the Contractor. Personal needs costs are covered through personal income such as social security or any other personal income (SSA, SSI, employment). Payments for ELC supports are not made for the cost of facility maintenance, routine upkeep and improvement other than the cost for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the clients who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation service. ELC Support is not available to children living in their parent/legal guardian's home.
- b. **POPULATION TO BE SERVED**
Services are provided to clients who are found eligible by DHS/DSPD who are *under* the age of 22 and who are recipients of CLS and/or CLI services and are **not** enrolled in school for a period-of-time. This is a Developmental Disability/Mental Retardation (DD/MR) service only.
- c. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**
The Contractor must have the capacity to provide the following services directly to a client in this program.
 - 1) When a client in CLS or CLI Services is temporarily not in a day program, they may receive an extension of service hours to keep them in a community based setting.
 - 2) Recommendation for an ELC service will require the consensus of the client's support team. In the event of an emergency situation, a DHS/DSPD Region Supervisor can approve temporary ELC services. The client's support team will provide follow-up within five working days.

- 3) Before this service can be established a plan will be written and include a minimum of the following components:
 - a) Documentation of the client's choice of service.
 - b) Statement of justification is required.
 - c) A support need identified in the client's ISP/AP written as an outcome and support.
 - d) Time frames to identify how long this service is needed.
 - 4) The Contractor's reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses, which account for staff vacations, sick time, and leaves for training. Also included in the ELC rate is supervision and administration rates, and non-personnel operating costs.
 - 5) When the plan calls for intermittent use of ELC services due to a recurrent condition, then each new incident will require the notification and approval of the Region Supervisor.
 - 6) The Contractor must also be able to provide the service requirements for CLS and/or CLI services as required. See CLS and CLI for those requirements.
- d. **STAFF TO CLIENT RATIO**
Hours of support are established in the client's ELC Supports Worksheet and ISP/AP.
- e. **LICENSURE/CERTIFICATION**
ELC is an extension of CLS and/or CLI Supports and does not require a certificate or license if there is a valid one for either CLS or CLI Supports programs.

HOST HOME SUPPORTS

Service Codes: **HHS**

Program: *Community Living*

Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BM, BG)

- a. **SERVICE CODE DESCRIPTION**
Host Home Supports (HHS) are available for clients who would like to live in a private residence with a family or caregiver (non-related parent, guardian or spouse). HHS are established to give adults with disabilities an alternative to institutional or community living settings, such as group homes and apartments. This program allows an adult to be placed with a family or caregiver who has received specific training regarding disabilities. Host Home families or caregivers assist the adult in development of skills and provide support in the activities of daily living (bathing, eating, dressing, personal hygiene). They provide supports/services to ensure the health and safety of the adult as well as other supports that lead to the desired outcomes outlined in the client's ISP/AP.
- A Host Home is permitted to provide support to one client, or with DHS/DSPD Regional Director approval, two clients. This community living option may not be used for care provided to the client in the home of a direct relative. The Contractor is frequently the representative payee for the client receiving HHS.
- The Host Homes Contractor and Host Home parents do not have guardianship of the adult and the Host Home parents are subcontractors to the Contractor of this service.
- b. **POPULATION TO BE SERVED**
In addition to the general requirements, to be eligible for this service, a client must be an adult 22 years of age or older for Developmentally Disabled/Mental Retarded (DD/MR) clients and 18 and older for Acquired Brain Injured (ABI) clients.

c. **SERVICE REQUIREMENTS**

A Host Home family is under contract with a Contractor approved to provide host home supports. The Contractor subcontracts with the Host Home family and the Host Home family is an independent contractor. The Contractor is responsible for supervision, training, documentation, client's ISP/AP and meeting certification requirements. A Host Home is permitted to provide support to only one client or with prior DHS/DSPD approval, two clients. HHS may not be used for care provided to the client in the home of a direct relative.

For clients on psychotropic medications, the Contractor will complete the Psychotropic Medication Plan including the following information:

- 1) Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, dosage, titration plans, and expected duration of medication, as determined by a qualified medical professional,
- 2) A statement of the psychiatric diagnosis or specific behavioral-pharmacological hypothesis for each medication prescribed, (if multiple medications are to be used, an explanation for the combination of medications will be stated),
- 3) Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS),
- 4) A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications,
- 5) Identification of other support and services that are available and would be useful in the treatment of the targeted behavior of symptom and/or any related illness or condition of the client. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies.

Limitations: Payments for HHS are not made for room and board. Personal needs costs are covered through personal income such as social security or any other personal income (SSA, SSI, employment). Payments for HHS are not made for the cost of facility maintenance, routine upkeep and improvement other than the cost for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the clients who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service.

d. **CONTRACTOR CAPACITY**

Host Homes must meet the physical needs of the population it is serving.

- 1) The Host Home or Contractor must provide skill development and other support/services to assist clients in basic living skills, appropriate social interpersonal and communication skills, and adherence to medical and medicine regimens.
- 2) The Host Home or Contractor must have available resources to assist the client in maintaining a clean, healthy and safe environment.
- 3) The Host Home or Contractor must have a written plan that includes a minimum of the following components:
 - a) Documentation of the client's choice of service.
 - b) Statement of justification is required.
 - c) A support need identified in the client's ISP/AP written as an outcome and support.
 - d) Time frames identifying how long this service is needed.
- 4) The Contractor's reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the HHS rate is supervision and administration rates, and non-personnel operating costs and a subcontracted Host Home daily stipend.

e. **STAFFING REQUIREMENTS**

Contractor's staff providing HHS will be 21 years old and must pass an Office of Licensing Criminal background Screening, prior to working with children and vulnerable adults, as defined in Utah Code Annotated § 62A-2-101 and Administrative Rule 501.

f. **STAFF TO CLIENT RATIO**

The types and amounts of services provided by Host Homes are determined in the client's ISP/AP and the Host Home worksheet.

g. **ABSENCE**

- 1) A day of absence is defined as the period of time a client is away from their HHS setting for 24 or more consecutive hours.
- 2) The Contractor should bill for the day (24 hours) the client departs from the HHS program.
- 3) The Contractor cannot bill for the day the client returns if the hours are 24 hours or more. For example: if the client leaves on Tuesday at 9:00 AM and returns Wednesday at 8:00 AM, the Contractor may bill DHS/DSPD. If however, the client leaves on Tuesday at 9:00 AM and returns on Wednesday at 9:00 AM, the Contractor cannot bill DHS/DSPD for Wednesday.
- 4) The Contractor will document the time the client departed and returned in an absentee log.

h. **LICENSURE/CERTIFICATION**

A Host Home Contractor must receive DHS/DSPD certification.

PROFESSIONAL PARENT

Service Codes: PPS

Program: Community Living

Waiver Eligibility: DD/MR (SM, SG)

a. **SERVICE CODE DESCRIPTION**

An organization, which is a child-placement agency and licensed by DHS, subcontracts with Professional Parents. Professional Parent Supports (PPS) are available for a client who would like to live in a private residence with a family or caregiver (non-related; parent or guardian), who may need out-of-home placement for either a short or an extended period of time. PPS are established to give children and youth with disabilities an alternative to institutional or community living settings, such as group homes and apartments. This program allows a child or youth to be placed with a family or caregiver who has received specific training regarding disabilities.

A Professional Parent home is permitted to provide support to two clients. This service option may not be used for care provided to the client in the home of a direct relative except as ordered of the Juvenile Court.

Professional Parents serve children with disabilities in private residences where they receive therapeutic residential habilitation services. Professional Parents cannot have custody or guardianship of the child. When children with a disability cannot remain with their own families for whatever reason, the out of home placement in a Professional Parent home is a preferred alternative. Professional Parents assist the young people in development of skills and provide support in the activities of daily living (bathing, eating, dressing, personal hygiene). They provide supports/services to ensure the health and safety of the youth as well as other supports that lead to the desired outcomes outlined in the client's Individual Service Plan/Action Plan.

b. **POPULATION TO BE SERVED**

In addition to the General Requirements, to be eligible for this service, a client must be Developmentally Disabled/Mental Retarded (DD/MR) and under 22 years old.

c. **SERVICE REQUIREMENTS**

The DHS/DSPD qualified Contractor recruits, trains, and subcontracts with Professional Parents to provide this service. The Professional Parent is an independent contractor. The Contractor is responsible for supervision, training, documentation, client's ISP/AP and meeting Office of Licensing requirements.

For clients on psychotropic medications, the Contractor will complete the Psychotropic Medication Plan including the following information:

- 1) Identification of the specific medication by its generic or brand name; the date which the medication was commenced on or is to be commenced, dosage, titration plans, and expected duration of medication, as determined by a qualified medical professional,
- 2) A statement of the psychiatric diagnosis or specific behavioral-pharmacological hypothesis for each medication prescribed, (if multiple medications are to be used, an explanation for the combination of medications will be stated),
- 3) Identification of side effects to monitor. When antipsychotic medications are used, monitoring procedures may utilize standardized assessments instruments such as the Abnormal Involuntary Movement Scale (AIMS),
- 4) A statement of specific behaviors or symptoms targeted to assess advantages and disadvantages of the prescribed psychotropic medications,
- 5) Identification of other supports and services that are available and would be useful in the treatment of the targeted behavior of symptom and/or any related illness or condition of the client. Such supports or services may include Behavior Support Plans, psychotherapy or laboratory studies.

The Contractor must ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

Limitations: Payments for PPS is not made for room and board. Personal needs costs are covered through personal income such as social security or any other personal income (SSA, SSI, employment). Payments for PPS is not made for the cost of facility maintenance, routine upkeep and improvement other than the cost for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the clients who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service. Professional Parent Supports are not available to clients over age 22 and/or living in their parent/legal guardian's home.

d. **CONTRACTOR CAPACITY**

The Contractor must be a licensed child-placement agency prior to signing a contract for PPS. This is done through contacting the Department of Human Services/Office of Licensing and meeting the standards set to be a licensed child-placing agency. The Contractor contracting with the professional parents is responsible for the Professional Parent's training and supervision.

- 1) As appropriate, facilities must be ADA accessible.
- 2) A Professional Parent Contractor must receive DHS/Office of Licensing Child Placement License,
- 3) Skill development and other support services to assist clients in basic living skills, appropriate social interpersonal and communication skills, and adherence to medical and medicine regimes.
- 4) Resources shall be available to assist the client in maintaining a clean, healthy and safe environment.
- 5) Contractor's staff providing PPS will be 21 years old and must pass an Office of Licensing Criminal Background Screening, prior to working with children and vulnerable adults, as defined in Utah Code Annotated § 62A-2-101 and Administrative Rule 501.

e. **STAFFING REQUIREMENTS**

Please refer to General Program Requirements.

- f. **STAFF TO CLIENT RATIO**
The types and amounts of services provided by Professional Parents are determined in the Professional Parent worksheet. There is a wide array of services available in the Professional Parent model.
- g. **ABSENCE**
- 1) A day of absence is defined as the period of time a client is away from their PPS home for 24 or more consecutive hours.
 - 2) The Contractor should bill for the day (24 hours) the client departs from their PPS home.
 - 3) The Contractor cannot bill for the day the client returns if the hours are 24 hours or more. For example: if the client leaves on Tuesday at 9:00 AM and returns Wednesday at 8:00 AM, the Contractor may bill DHS/DSPD. If however, the client leaves on Tuesday at 9:00 AM and returns on Wednesday at 9:00 AM, the Contractor cannot bill DHS/DSPD for Wednesday.
 - 4) The Contractor will document the time the client departed and returned in an absentee log.
- h. **LICENSURE/CERTIFICATION**
A PPS Contractor must receive a Child Placement License from DHS/Office of Licensing.

COMMUNITY LIVING RESIDENTIAL TRANSPORTATION

Service Code: RTS

Program: Community Living

Waiver Eligibility: DD/MR (SM, SG)

- a. **SERVICE CODE DESCRIPTION**
Community Living Residential Transportation Supports (RTS) are only provided as independent services when transportation is not otherwise available as an element of another service to clients with Developmental Disabilities/Mental Retardation (DD/MR). Clients receiving services shall be trained, assisted, and provided opportunities to use generic transportation services in their community. If this cannot meet their need, daily transportation supports are available. RTS is between a client's home and the day training facilities. The Contractor will ensure health and safety supports.
- b. **CONTRACTOR QUALIFICATIONS**
A licensed Public Transportation Contractor or a Private Contractor with proof of automobile insurance in amounts required in the contract provides transportation supports. The Contractor will also ensure that an operator with a valid drivers license transports clients in a legally registered vehicle, and has proof of automobile insurance.
- c. **SERVICE REQUIREMENTS**
The need for transportation must be documented as necessary to fulfill other identified supports in the client's ISP/AP and the associated outcomes.
Contractor's staff drivers are responsible to ensure that:
- 1) Clients are not left unattended in the vehicle,
 - 2) Clients remain seated while the vehicle is in motion,
 - 3) Keys are removed from the vehicle at all times when the driver is not in the driver's seat,
 - 4) All clients use seat belts, or locking mechanisms to immobilize wheelchairs during travel,
 - 5) Clients must be transported in safety restraint seats when required by Utah State Law,
 - 6) Vehicles used for transporting clients will have working door locks and the doors will be locked at all times while the vehicle is moving.

- 7) The Contractor has proof that the employee's driving record was checked and those with undesirable records were restricted.
- d. **STAFFING REQUIREMENTS**
N/A
- e. **STAFF TO CLIENT RATIO**
N/A
- f. **STAFF TRAINING REQUIREMENTS**
Staff must receive training including but not limited to:
- 1) Procedures for dealing with accidents and emergencies,
 - 2) Specific techniques for safe transportation of clients who have unique medical or physical considerations.

SUPPORTED LIVING (HOURLY)

Service Codes: SLH

Program: Community Living

Waiver Eligibility: DD/MR (SM, SG); ABI (BM, BG)

- a. **GENERAL PROGRAM DEFINITION**
Supported Living (Hourly) Supports (SLH) assist clients to gain and/or maintain skills to live as independently as possible in a community setting in the type of housing arrangement the client chooses. SLH is available to clients who live alone or with roommates. These services are tailored to meet the client's needs and shall be flexible to meet the client's time frame. SLH include skills training and direct and indirect services. Services are given in or out of the client's home, and include meal preparation, eating, bathing, dressing, and/or personal hygiene, socialization, self-help, and adaptive/compensatory skills necessary to reside successfully in the community. These supports are necessary to prevent institutionalization. Typically, SLH does not include 24-hour supervision or behavior supports. If the client requires 24-hour supervision, he or she shall be referred to Community Living Services (CLS) and work out a service plan on a Community Living worksheet. The Contractor is frequently the representative payee for clients receiving Community Living supports. The Contractor will also ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

Supports are available for all Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients.

Limitations: Payments for SLH not made for room and board. Personal need costs are covered through personal income such as social security or any other personal income (SSA, SSI, employment). Payments for SLH are not made for the cost of facility maintenance, routine upkeep and improvement other than the cost for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the clients who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation service. SLH is not available to clients under age 22.

- b. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**
The client's ISP/AP will identify the type, frequency and amount of support required based on the client's needs and preferences.

The Contractor must have the capacity to provide the following services directly to a client in this program.

- 1) Skill development and other supports/services to assist clients in basic living skills, appropriate social interpersonal and communication skills, and adherence to medical and medicine regimes.
- 2) Staff will be available to assist the client in maintaining a clean, healthy and safe environment.
- 3) Living Supports do not include 24-hour direct care staff support. Actual type, frequency, and duration of direct care staff support, and other living supports will be defined in the client's ISP/AP based on the client's preferences, selected housing arrangement, assessed needs and spending limit.
- 4) The Community Living Worksheet is the tool used by the DHS/DSPD, the client and their team, to cost out the supports that the client has chosen in their ISP/AP (limited by the client's authorized spending limit). The worksheet provides choices among various types of supports. Once the supports are selected, the worksheet specifies the type of supports, the number of hours, and hours of staffing supports provided each day or month. The DHS/DSPD will ensure that services have been provided.
- 5) Contractor reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the SLH rate is supervision and administration rates, and non-personnel operating costs.

c. **STAFF TO CLIENT RATIO**

The staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. If two or more clients receive services at the same time, the rate would be split.

2. **FAMILY SUPPORTS PROGRAM**

CODES: SLN, FS3, FS4, RP2, RP3, RPS, CH2, HSQ, FTP

CHORE SERVICES

Service Code: **CH2**

Program: *Community Living*

Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BM, BG)

a. **SERVICE CODE DESCRIPTION**

Chore and Homemaker Supports (CH2) is a service needed to maintain a clean, sanitary and safe home environment for the Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients. It includes heavy household chores such as washing floors, windows and walls, tacking down loose rugs and tiles, moving heavy items of furniture. These services are only provided when neither the client nor others in the household can perform or financially provide for them. This is a direct service and is not a skills training service. For light housekeeping services see Homemaker Services (HSQ).

b. **CONTRACTOR QUALIFICATIONS**

The Contractor must comply with all DHS/DSPD Administrative Rules pertaining to Contractors. The Contractor's staff 18 and over who are physically able to complete such activities, may perform CH2.

c. **STAFF TRAINING REQUIREMENTS**

The Contractor and staff must meet the following:

- 1) Employees providing chore and homemaker supports must be capable of completing all required tasks.
- 2) Maintain a clean, sanitary and safe living environment in the client's residence.
- 3) The Contractor and staff will meet the DHS/DSPD code of conduct and, abuse and neglect requirements according to the Utah Administrative Rule R539.

- d. **TREATMENT OR SERVICE REQUIREMENTS**
The service requirements are documented in the client's ISP/AP.
- e. **LICENSURE/CERTIFICATION**
The CH2 Contractor must receive certification from DHS/DSPD.

HOMEMAKER SERVICES

*Service Code: **HSQ***

Program: Community Living

*Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BG)*

- a. **SERVICE CODE DESCRIPTION**
Homemaker Supports (HSQ) is a service needed to maintain a clean, sanitary and safe home environment for the Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients. It includes light housekeeping and meal preparation. These services are only provided when neither the client nor others in the household can perform or financially provide for them. This is a direct service and is not a skills training service. For heavy chore services see Chore Services (CH2).
- b. **CONTRACTOR QUALIFICATIONS**
The Contractor must comply with all DHS/DSPD Administrative Rules pertaining to contractors. The Contractor's staff 18 and over who are physically able to complete such activities, may perform HSQ.
- c. **STAFF TRAINING REQUIREMENTS**
The Contractor and staff must meet the following:
 - 1) Employees providing chore and homemaker supports must be capable of completing all required tasks.
 - 2) Maintain a clean, sanitary and safe living environment in the client's residence.
 - 3) The Contractor and staff will meet the DHS/DSPD code of conduct and, abuse and neglect requirements according to the Utah Administrative Rule R539.
- d. **TREATMENT OR SERVICE REQUIREMENTS**
The service requirements are documented in the client's ISP/AP.
- e. **LICENSURE/CERTIFICATION**
The HSQ Contractor must receive certification from DHS/DSPD.

SUPPORTED LIVING NATURAL SUPPORTS

Service Codes: **SLN**

Program: *Family Supports*

Waiver Eligibility: **DD/MR** (*SM, SG*); **ABI** (*BN, BG*)

a. **SERVICE CODE DESCRIPTION**

Supported Living Natural Supports (SLN) assist a client to gain and/or maintain skills to live as independently as possible in their home with their family and to prevent or delay unwanted out of home placement. Supports are available for all Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients. These services are tailored to meet the client's needs and shall be flexible to meet the client's time frame. SLN include skills training and direct and indirect services. Services are given in or out of the client's home, and include meal preparation, eating, bathing, dressing, and/or personal hygiene, socialization, self-help, and adaptive/compensatory skills necessary to reside successfully in the community. Typically, SLN does not include 24-hour supervision or behavior supports. If the client requires 24-hour supervision, he or she shall be referred to Community Living Services (CLS) and work out a service plan on a Community Living worksheet. (Behavior supports may be purchased as a separate service.) The Contractor will ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

Limitations: Payments for SLN are not made for room and board. Personal needs costs are covered through personal income such as social security or any other personal income (SSA, SSI, employment). Payments for SLN are not made for the cost of facility maintenance, routine upkeep and improvement other than the cost for modifications or adaptations to a facility required to assure the health, safety, and accessibility of the clients who reside there, consistent with the criteria established for the Environmental Accessibility Adaptation waiver service.

b. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

SLN serve the purpose of enabling the family member with a disability, to remain in the family home. The Contractor will provide the following:

- 1) Skill development and other supports/services to assist clients in basic living skills, appropriate social interpersonal and communication skills, and adherence to medical and medicine regimes.
- 2) Before this service can be established, a plan must be written and include a minimum of the following components:
 - a) Documentation of the client's choice of service
 - b) Statement of Justification
 - c) A support need identified in the client's ISP/AP written as an outcome and support
 - d) Time frames established to identify how long this service is needed
- 3) Contractor reimbursement for direct personnel costs is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the SLN rate is supervision and administration rates, and non-personnel operating costs. These are mostly stand alone purchased services not tied to the Contractor's cost elements and represent direct wage elements only. For families providing this support, supervision, administration and non-operating costs (of the home) are considered in this rate.

c. **STAFF TO CLIENT RATIO**

Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.

d. **LICENSURE/CERTIFICATION**

The Supported Living Contractor must receive certification from DHS/DSPD.

FAMILY ASSISTANCE AND SUPPORT-DD/MR

Service Codes: **FS3**

Program: *Family Supports*

Waiver Eligibility: **DD/MR** (SM, SG)

a. **SERVICE CODE DESCRIPTION**

Family Assistance and Support (FS3) support both the client with the disability and family members in an effort to live as much like other families as possible and to prevent or delay unwanted out of home placement. FS3 includes an array of supports to families who have chosen to assist the client to live at home. They are flexible, family-driven and intended to help maintain the client at home. The services can include training in areas such as parenting, skill training for daily living or social-leisure-recreation, behavior management and coordinating with school and others. Services are provided intermittently on a consulting basis, by a professional with a bachelor's degree in social or behavior sciences, or four years of full time paid work experience in this or a related field.

FS3 can be provided in or out of the client's home. These supports may include provisions to accommodate the client's disability in accessing supports offered in the community, providing instructions, supervision and training to the family/care giver/client in all areas of daily living. The supports may also include other activities that are identified in the client's ISP/AP as necessary for continued skill development. Skill development supports may include developing interventions to cope with problems or unique situations that may occur within the complexity of the family, techniques of behavior supports, enrollment in special summer programs, social skills development, appropriate leisure time activities, and instruction and consultation for the client, the parent and/or siblings. The Contractor will ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

b. **POPULATION TO BE SERVED**

FS3 is available to clients under the age of 22 and eligible for the Home and Community Based Waiver for Clients with Developmental Disabilities/Mental Retardation (DD/MR).

Comparable services are available to clients 22 and over through Supported Living (SLN) and Community Living Support (CLS) services.

c. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

FS3 serves the purpose of enabling the family member with a disability, which so desires, to be supported and remain in the family home. FS3 are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement.

d. **STAFF TO CLIENT RATIO**

Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.

e. **LICENSURE/CERTIFICATION**

The FS3 Contractor must receive certification from DHS/DSPD.

FAMILY ASSISTANCE AND SUPPORT-DD/MR

Service Codes: **FS4**

Program: *Family Supports*

Waiver Eligibility: **DD/MR** (SM, SG)

a. **SERVICE CODE DESCRIPTION**

Family Assistance and Support (FS4) is for both the client and family members in an effort to live as much like other families as possible and to prevent or delay unwanted out of home placement. FS4 includes an array of supports that are flexible and family-driven to help families who have chosen to assist the client to live at home. The services are highly individualized specific techniques addressing behavior, communication, social skills and toileting problems and facilitate conflict resolutions with other support providers. Services are provided on an infrequent, consulting basis by a mental health professional with a master's degree in social or behavior sciences, or six years of full time paid work experience in this or a related field.

FS4 can be provided in or out of the client's home. FS4 may include provisions to accommodate the client's severe disability in accessing supports offered in the community, providing instructions, supervision and training to the family/care giver/client in all areas of daily living. The supports may also include other activities that are identified in the client's ISP/AP as necessary for continued skill development. Skill development supports may include developing interventions to cope with problems or unique situations that may occur within the complexity of the family, techniques of behavior supports, enrollment in special summer programs, social skills development, appropriate leisure time activities, and instruction and consultation for the client, the parent and/or siblings. The Contractor will ensure health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

b. **POPULATION TO BE SERVED**

Family Training is available to clients under the age of 22 and eligible for the Home and Community Based Waiver for Clients with Developmental Disabilities/Mental Retardation (DD/MR). Comparable services are available to clients 22 and over through Supported Living (SLN) and Community Living Support (CLS) services.

c. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

FS4 serves the purpose of enabling the family member with a disability, which so desires, to be supported and remain in the family home. FS4 are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement.

d. **STAFF TO CLIENT RATIO**

Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.

e. **LICENSURE/CERTIFICATION**

The FS4 Contractor must receive certification from DHS/DSPD.

FAMILY TRAINING/BRAIN INJURY

Service Codes: **FS5**

Program: *Family Supports*

Waiver Eligibility: **ABI** (BM, BG)

a. SERVICE CODE DESCRIPTION

Family Assistance and Support (FS5) serves the purpose of enabling the family member with an Acquired Brain Injury (ABI), who desires to remain in and be supported in the family home. FS5 are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement. The services can include training in areas such as parenting, skill training for daily living or social-leisure-recreation, behavior management and coordinating with school and others. Services are provided intermittently on a consulting basis, by a professional with a bachelor's degree in social or behavior sciences, or four years of full time paid work experience in this or a related field.

Limitations: For alternative supports, please refer to Supported Living (SLH) and Community Living Supports (CLS) Services.

b. POPULATION TO BE SERVED

Family Training for the client and their family is available to clients age 18 and over who are eligible for the Home and Community Based Waiver for ABI Clients.

c. SERVICE REQUIREMENTS/CONTRACTOR CAPACITY

This service is designed to prevent unwanted out of home placement and/or institutionalization and can be provided in or out of the client's home.

d. SERVICE REQUIREMENTS/CONTRACTOR CAPACITY

FS5 can be provided either in or out of the home to an individual and his/her family. These supports may include provisions to accommodate the individual's disability in accessing supports offered in the community, providing instructions, supervision and training to the family/caregiver/client in all areas of daily living. The supports may also include other activities that are identified in the client's ISP/AP as necessary for continued skill development. Skill development supports may include:

- 1) Developing interventions to cope with problems or unique situations that may occur within the complexity of the family,
- 2) Techniques of behavior supports,
- 3) Enrollment in special summer programs,
- 4) Social skills development,
- 5) Appropriate leisure time activities,
- 6) Instruction and consultation for the individual with disabilities, the parent and/or sibling(s).

The Contractor will provide a written plan including a minimum of the following components:

- 1) Documentation of the client choice of service,
- 2) Statement of Justification,
- 3) A support need identified in the ISP/AP written as an outcome and support,
- 4) Time frames established to identify how long this service is needed.

FS5 is usually purchased separately from other services. The Contractor's reimbursement for this service is direct personnel costs and is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the FS5 rate is supervision.

- e. **STAFF TO CLIENT RATIO**
Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.
- f. **LICENSURE/CERTIFICATION**
The FS5 Contractor must receive certification from DHS/DSPD.

FAMILY TRAINING/BRAIN INJURY

*Service Codes: **FS6***

*Program: **Family Supports***

*Waiver Eligibility: **ABI** (BM, BG)*

- a. **SERVICE CODE DESCRIPTION**
Family Assistance and Support (FS6) serves the purpose of enabling the family member with an acquired brain injury, who so desires, to remain in and be supported in the family home. FS6 are intended to support both the family member with a disability and the rest of the family to live as much like other families as possible with the intent of preventing or delaying unwanted out of home placement. The services are highly individualized specific techniques addressing behavior, communication, social and cognitive skills and facilitate conflict resolutions with other support providers. Services are provided on an infrequent, consulting basis by a mental health professional with a master's degree in social or behavior sciences, or six years of full time paid work experience in this or a related field.

Limitations: For alternative supports, please refer to Supported Living (SLH) and Community Living Supports (CLS) Services.
- b. **POPULATION TO BE SERVED**
Family Training for the client and their family is available to clients age 18 and over who are eligible for the Home and Community Based Waiver for Clients with an Acquired Brain Injury (ABI).
- c. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**
FS6 is designed to prevent unwanted out of home placement and/or institutionalization and can be provided in or out of the client's home.
- d. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**
FS6 can be provided either in or out of the home to an individual and his/her family. These supports may include provisions to accommodate the individual's disability in accessing supports offered in the community, providing instructions, supervision and training to the family/caregiver/client in all areas of daily living. The supports may also include other activities that are identified in the client's ISP/AP as necessary for continued skill development. Skill development supports may include:
 - 1) Developing interventions to cope with problems or unique situations that may occur within the complexity of the family,
 - 2) Techniques of behavior supports,
 - 3) Enrollment in special summer programs,
 - 4) Social skills development,
 - 5) Appropriate leisure time activities,
 - 6) Instruction and consultation for the individual with disabilities, the parent and/or sibling(s).

The Contractor will provide a written plan including a minimum of the following components:

- 1) Documentation of the client choice of service,
- 2) Statement of Justification,
- 3) A support need identified in the ISP/AP written as an outcome and support,
- 4) Time frames established to identify how long this service is needed.

FS6 is usually purchased separately from other services. The Contractor's reimbursement for this service is direct personnel costs and is based on an hour of service at a standard hourly wage rate plus the benefit package as well as related expenses which account for staff vacations, sick time, and leaves for training. Also included in the FS6 rate is supervision.

e. **STAFF TO CLIENT RATIO**

Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.

f. **LICENSURE/CERTIFICATION**

The FS6 Contractor must receive certification from DHS/DSPD.

LATCH KEY (Child Care) SERVICES

Service Codes: LKS

Program: Family Supports

Waiver Eligibility: DD/MR (SM, SG)

a. **SERVICE CODE DESCRIPTION**

Latch Key Supports (LKS) provides supervision for Developmental Disabled/Mentally Retarded (DD/MR) clients who are not receiving community living supports and whose parents or family are working. LKS are for clients from birth to 21. Clients who are not admitted to a typical day care setting are provided before or after the school or working day supports. Health and safety supports must be ensured.

Limitations: LKS are not available if any other education, day-care, or support programs are available. This service will not be available to more than 25 clients per year during the duration of this waiver.

b. **CONTRACTOR REQUIREMENTS**

The Contractor will be licensed as childcare Contractors through the Department of Health. DHS/DSPD will accept licensing as specified through the Department of Health (Utah Code Annotated §62A-2-108).

c. **STAFF TO CLIENT RATIO**

Staff to client ratio is 1:1 or less, if more than one client is receiving the support at the same time. For those situations where two or more people are being served at the same time, the rate would be split accordingly.

d. **LICENSURE/CERTIFICATION**

The LKS Contractor must receive certification from DHS/DSPD.

RESPITE CARE SUPPORT

Service Codes: **RP2**

Program: *Family Supports*

Waiver Eligibility: **DD/MR** (*SM, SG*); **ABI** (*BM, BG*)

a. **SERVICE CODE DESCRIPTION**

Respite Care (RP2) is a support given to all Developmentally Disabled/Mentally Retarded clients (DD/MR) and Acquired Brain Injury (ABI) clients 18 and older unable to care for themselves, provided on a short-term basis because of the absence or need for relief of those individuals who normally provide the care. Health and safety supports must be ensured. The Contractor is responsible to coordinate the delivery of services with the family. The Contractor may sub-contract this service with an independent contractor.

- 1) This is a facility based respite care and may be provided in the following locations:
 - a) A facility approved by the State which is not a private residence,
 - b) A facility providing group respite care.
- 2) A day rate is equal to more than six hours of respite services. For overnight stays, a Contractor may bill for the day the client came and not the day the client left. The client must have a full six hours stay to qualify for a daily rate, i.e. five hours = quarter hour rate, six hours or more = daily rate, 24 hours overnight = one daily rate, 25 hours = one daily rate and four quarter hours, 30 hours = two days of daily rate. Room and board is not covered in the respite rate. Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the client services and the Contractor is not responsible to provide these accommodations.
- 3) Daily specialized and medical respite is designed for clients with challenging behaviors and/or exceptional medical respite needs. It is for a client with an Inventory for Client and Agency Planning (ICAP) of level five. Daily medical respite services must be designed to meet the needs of a medically fragile client by accommodating specialized equipment and /or providing specialized needs. Medical respite must be provided by a Licensed Health Care Professional. Certain medical services are limited as to the Contractor's skill level. The specialized respite Contractor will be trained in DHS/DSPD approved behavior management techniques and crisis management services.

Limitations: The provision of RP2 in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the client/family and the client/family's preference. This code does not include payments for room and board except when provided as part of respite care in a facility approved by the State that is not the client's private residence. The RP2 Contractor will serve no more than two individuals per staff at any time. No more than four individuals will be served in one home.

b. **STAFF TO CLIENT RATIO**

Staff to client ratio is established in the client's ISP/AP.

c. **LICENSURE/CERTIFICATION**

The RP2 Contractor must receive certification from DHS/DSPD.

d. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

Staff providing non-licensed services should be at least 18 years of age. Direct care staff must pass an Office of Licensing Criminal Background Screening, prior to working with children. It is recommended that direct care staff pass a BCI screening prior to working with children or vulnerable adults as defined in Utah Code Annotated §62A-2-101. Staff working in licensed facilities must be at least 18 years old and pass an Office of Licensing Criminal Background Screening.

RESPITE CARE SUPPORT

Service Codes: **RP3**

Program: *Family Supports*

Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BM, BG)

a. **SERVICE CODE DESCRIPTION**

Respite care (RP3) is a support given to all Developmentally Disabled/Mentally Retarded (DD/MR) clients and Acquired Brain Injury (ABI) clients 18 and older unable to care for themselves, provided on a short-term basis because of the absence or need for relief of those individuals who normally provide the care. Health and safety supports must be ensured. The Contractor is responsible to coordinate the delivery of services with the family. The Contractor may sub-contract this service with an independent contractor.

- 1) This is a home-based respite care identified in the client's ISP/AP and may be provided in the following locations:
 - a) The client's home or place of residence,
 - b) The private residence of the Contractor providing RP3, in which case the Contractor will meet the standards prescribed by the Medicaid enrolled respite care agency, DHS/DSPD. Also, the total number of Contractor's minor children and clients in the home cannot exceed four.
- 2) A day rate is equal to more than six hours of respite services. For overnight stays, a Contractor may bill for the day the client came and not the day the client left. The client must have a full six hours stay to qualify for a daily rate, i.e. five hours = quarter hour rate, six hours or more = daily rate, 24 hours overnight = one daily rate, 25 hours = one daily rate and four quarter hours, 30 hours = two days of daily rate. Room and board is not covered in RP3. Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the client services and the Contractor is not responsible to provide these accommodations.
- 3) Daily specialized and medical respite is designed for clients with challenging behaviors and/or exceptional medical respite needs. It is for a client with an Inventory for Client and Agency Planning (ICAP) of level five. Daily medical respite services must be designed to meet the needs of a medically fragile client by accommodating specialized equipment and /or providing specialized needs. Medical respite must be provided by a Licensed Health Care Professional. Certain medical services are limited as to the Contractor's skill level. The specialized respite Contractor will be trained in DHS/DSPD approved behavior management techniques and crisis management services.

Limitations: The provision of respite care in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the client/family and the client/family's preference. RP3 does not include payments for room and board except when provided as part of respite care in a facility approved by the State that is not the client's private residence. The respite Contractor will serve no more than two individuals per staff at any time. No more than four individuals will be served in one home.

b. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

Staff providing non-licensed services should be at least 18 years of age. Direct care staff must pass an Office of Licensing Criminal Background Screening, prior to working with children. It is recommended that direct care staff pass a BCI screening prior to working with children or vulnerable adults as defined in Utah Code Annotated §62A-2-101. Staff working in licensed facilities must be at least 18 years old and pass an Office of Licensing Criminal Background Screening.

- c. **STAFF TO CLIENT RATIO**
Staff to client ratio is established in the client's ISP/AP.
- d. **LICENSURE/CERTIFICATION**
The RP3 Contractor must receive certification from DHS/DSPD.

RESPITE CARE SUPPORT

Service Codes: **RPS**

Program: **Family Supports**

Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BM, BG)

- a. **SERVICE CODE DESCRIPTION**
Respite Care Support (RPS) is a support given to all Developmentally Disabled or Mentally Retarded (DD/MR) clients and Acquired Brain Injury (ABI) clients 18 and older unable to care for themselves, provided on a short-term basis because of the absence or need for relief of those individuals who normally provide the care. Health and safety supports must be ensured. The Contractor is responsible to coordinate the delivery of services with the family. The Contractor may sub-contract this service with an independent contractor.

RPS is facility based, provided at a *weekly rate* and may be provided in the following locations:

- 1) A facility certified with the State that is not a private residence,
- 2) Temporary care facilities and overnight camps that meet the standards set by DHS/DSPD for the temporary care of people with disabilities,
- 3) A facility providing group respite care,
- 4) This service shall not be provided in the client's home or place of residence,
- 5) Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the client.

Limitations: The provision of RPS in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the client/family and the client/family's preference. This code does not include payments for room and board except when provided as part of respite care in a facility approved by the State that is not the client's private residence.

- b. **STAFF TO CLIENT RATIO**
Staff to client ratio is established in the client's ISP/AP.
- c. **LICENSURE/CERTIFICATION**
The RPS Contractor must receive certification from DHS/DSPD.
- d. **SERVICE REQUIREMENTS/CONTACTOR CAPACITY**
Staff providing RPS services should be at least 18 years of age and pass an Office of Licensing Criminal Background Screening, prior to working with children or vulnerable adults, as defined in Utah Code Annotated §62A-2-101.

3. **DAY SUPPORTS PROGRAM**

SERVICE CODES: AGE, DSC, DSW, DTA, DTB, MTP, SEA, SEB, SEC, SED

SENIOR SUPPORTS

Service Code: **AGE**

Program: *Day Supports*

Waiver Eligibility: **DD/MR** (*SM, SG*)

a. **SERVICE CODE DESCRIPTION**

Senior Supports (AGE) are provided for older Developmentally Disabled and Mentally Retarded (DD/MR) clients, or DD/MR clients who have needs that closely resemble those of an older person, who desire a lifestyle consistent with that of the community's population of similar age or circumstances. This support is intended to facilitate independence and promote community inclusion as well as prevent isolation. AGE consist of a variety of activities that are designed to assist the client in maintaining the skills and stimulating social interactions with others. The activities are individualized and may occur in any community setting, including the client's place of residence. When occurring in the client's place of residence, the service shall not take place solely inside the home on a daily basis. If the support is occurring daily in the client's home, see Community Living Supports (CLS) and Supported Living Supports (SLH) services.

AGE are provided in accordance with the clients stated choice and the objectives of the client's ISP/AP relating to the community integration and prevention of social isolation. Health and safety supports must be ensured as well as all other supports that lead to the desired outcome or goal of the client.

b. **SERVICE REQUIREMENTS/CONTRACTOR CAPACITY**

AGE may take place in a facility or the client's home, in accordance with the choice of the client and their ISP/AP. Services shall utilize community programs targeted toward the elderly population.

Non-site based programs do not have to be licensed through DHS because they do not take place in a licensed facility.

c. **STAFFING REQUIREMENTS**

Staffing requirements are established in the client worksheets. Types of staffing supports are included in the client's Day Supports individual budget plan.

d. **LICENSURE/CERTIFICATION**

AGE is an extension of site and non-site Day Training and does not require certification or licensure if there is a valid one for the Day Training programs.

SITE AND NON-SITE DAY TRAINING

Service Code: **DTA, DTB**

Program: **Day Supports**

Waiver Eligibility: **DD/MR (SM, SG); ABI (BM, BG)**

a. SERVICE CODE DESCRIPTION

This service is for clients that are Developmentally Disabled/Mentally Retarded (DD/MR) or have Acquired Brain Injury (ABI). The service is not necessarily job/task oriented. Services include instruction in skills a client wishes to acquire, retain, or improve that enhance the client's independence, such as: self-help skills, community living/self-sufficiency skills, fine and gross motor development, social/interpersonal adjustment, and receptive/expressive communications. These services are not primarily directed at teaching specific job skills and are not educational in nature. The Contractor ensures health and safety supports as well as other supports that lead to the desired outcome or goal of the client. Day Training Site and Non-Site Based Service is intended to facilitate independence and promote community inclusion and contribution. For clients that need Behaviorists, Psychologists or Therapists, Day Training-Child (DSC) and Day Training Worksheet (DSW) should be used.

Day Training services as described above, are accomplished under the direct care codes Day Training Administration (DTA) and Day Training Direct (DTB). DTA services include direct trainer, direct supervision and administrative overhead costs while DTB is direct service costs.

Non-site based programs are designed to take place in the community and are driven by the client's preferences and desires. The program may be based out of the home or residence, however shall not take place solely inside the home on a daily basis. If this is occurring, see Community Living Supports (CLS) and Supported Living (SLH) services. Non-site based programs do not have to be licensed through DHS because they do not take place in a licensed facility.

Site and Non-Site Day Supports are generally considered a sheltered workshop or a day program. The services are designed to promote the ongoing development and maintenance of skills that improve skills necessary to reside successfully in home and community based settings. The services may be provided in a variety of settings, including natural settings throughout the community or at sheltered sites.

Limitations: Division of Vocational Rehabilitation Services is excluded for payment as a waiver service.

b. SERVICE REQUIREMENTS/CONTACTOR CAPACITY

Day Supports provide assistance for clients to participate in meaningful activities as identified in the client's ISP/AP. Supports are not always work related; however when work occurs, applicable labor laws apply. DTA and DTB may include instruction in skills a client wishes to acquire, retain, or improve that enhance the client's independence, and/or maintain the client's physical and mental skills. The following applies to day supports:

- 1) DTA and DTB may be provided anytime during a 24-hour day at locations of the client's preference and are most commonly provided in integrated community settings with individuals without disabilities (not including staff paid to support the client.)
- 2) DTA service is for the first four quarter hour units of service billed each day, not to exceed 80 units monthly or 960 units annually. Remaining billing units each day are to be charged to DTB. If more DTA units are needed on a daily basis, advance permission must be obtained from the DHS/DSPD Region Director.
- 3) Transportation is not included in the rate. See transportation for the day training code Day Training Transportation (MTP).

- 4) When applicable, wages are paid in accordance with applicable labor laws; Contractors shall educate themselves on US Department of labor sub-minimum wage laws.
 - 5) Contractor will track and have direct service (face-to-face) hour's information, see II 13.
- c. **STAFF TO CLIENT RATIO**
Hours of supports are established in the client's Day Supports Worksheet and/or ISP/AP.
- d. **LICENSURE/CERTIFICATION**
- 1) DTA and DTB is facility based for three or more clients attending a Day Training program at the same site and must have a license from DHS/Office of Licensing for each site.
 - 2) Non-site Day Training is based in the community and is individualized for each client and must have a certificate from DHS/DSPD.

SITE AND NON-SITE SUPPORTS-CHILDREN

Service Code: DSC

Program: Day Supports

Waiver Eligibility: DD/MR (SM, SG)

- a. **SERVICE CODE DESCRIPTION**
Day Training Site and Non-Site Based Service-Child (DSC) are intended to facilitate independence and promote community inclusion and contribution for Developmentally Disabled and Mentally Retarded (DD/MR) children and youth under the age of 22. At age 22, client's services will be paid under a Day Support Worksheet (DSW) code. Day Training Administration (DTA) and Day Training (DTB) should be used for clients who do not need Behaviorists, Psychologists, Therapists or similar services.

DSC is designed to promote the ongoing development and maintenance of skills that are necessary to reside successfully in home and community based settings. The services may be provided in a variety of settings, including natural settings throughout the community or at sheltered work sites. (When applicable, wages are paid in accordance with applicable labor laws.) The program is not job/task oriented. Services include instruction in skills a client wishes to acquire, retain, or improve that enhances the client's independence, such as: self-help skills, community living/self-sufficiency skills, fine and gross motor development, social/interpersonal adjustment, and receptive/expressive communications. These services are not primarily directed at teaching specific job skills and are not educational in nature. The Contractor ensures health and safety supports as well as other supports that lead to the desired outcome or goal of the client. DSC is intended to facilitate independence and promote community inclusion and contribution.

The DSC code uses the Day Supports Worksheet, which identifies the combination of Direct Support Services plus additional professional services, such as Behaviorists, Psychologists or Therapists. The combined total cannot exceed six hours of service per day or the daily maximum rate established by the DHS/DSPD. Additionally, the individual component costs cannot exceed the Maximum Allowable Rate (MAR) established by DHS.

Non-site based DSC is designed to take place in the community and is driven by the client's preferences and desires. The activities are individualized and may occur in any community setting, including the client's residence. When occurring in the client's residence, DSC shall not take place solely inside the home on a daily basis. If the support is occurring daily in the client's home, then Community Living (CLS), Professional Parent (PPS) or Supported Living (SLH) services will be used. Supports are provided in accordance with the clients stated choice and the objectives of the client's support plan relating to the community integration and prevention of social isolation.

b. **SERVICE REQUIREMENTS/CONTACTOR CAPACITY**

DSC provides assistance for clients to participate in meaningful activities as identified in the clients' ISP/AP. Supports are not always work related; however when work occurs, applicable labor laws apply. Supports may include instruction in skills that a client wishes to acquire, retain, or improve that enhance the client's independence, and/or maintains the client's physical and mental skills.

- 1) DSC may be provided anytime during a 24-hour day at locations of the client's preference and are most commonly provided in integrated community settings with individuals without disabilities (not including staff paid to support the client.) The intensity of the service is determined with the client and the clients support team.
- 2) A day rate may be determined using the Day Supports Worksheet and may be fewer than six hours.
- 3) *Transportation is not included in the rate.*
- 4) Contractor will track and have direct service (face-to-face) hour's information available, see II 13.

c. **STAFF TO CLIENT RATIO**

Hours of supports are established in the client's Day Supports Worksheet and/or ISP/AP.

d. **LICENSURE/CERTIFICATION**

- 1) DSC is facility based for three or more clients attending a Day Training program at the same site. The site providing the Day Training must receive a license from DHS/Office of Licensing for each site.
- 2) Non-site Day Training is based in the community and is individualized for each client and must receive a certificate from DHS/DSPD.

SITE AND NON-SITE DAY TRAINING

Service Code: DSW

Program: Day Supports

Waiver Eligibility: DD/MR (SM, SG); ABI (BM, BG)

a. **SERVICE CODE DESCRIPTION**

Day Training Site and Non-Site Based Worksheet Service (DSW) are intended to facilitate independence and promote community inclusion and contribution for Developmentally Disabled and Mentally Retarded (DD/MR) adults 22 years and older and Acquired Brain Injured (ABI) clients 18 and older. For DD/MR clients under the age of 22 years old, services will be paid under a Day Support Child (DSC) code. Day Training Administration (DTA) and Day Training (DTB) should be used for clients that do not need Behaviorists, Psychologists, Therapists or similar services.

DSW is designed to promote the ongoing development and maintenance of skills that are necessary to reside successfully in home and community based settings. The services may be provided in a variety of settings, including natural settings throughout the community or at sheltered work sites. (When applicable, wages are paid in accordance with applicable labor laws.) The program is not job/task oriented. Services include instruction in skills a client wishes to acquire, retain, or improve that enhances the client's independence, such as: self-help skills, community living/self-sufficiency skills, fine and gross motor development, social/interpersonal adjustment, and receptive/expressive communications. These services are not primarily directed at teaching specific job skills and are not educational in nature. The Contractor ensures health and safety supports as well as other supports that lead to the desired outcome or goal of the client. DSW is intended to facilitate independence and promote community inclusion and contribution

The DSW code uses the Day Supports Worksheet, which identifies the combination of Direct Support Services plus additional professional services, such as Behaviorists, Psychologists or Therapists. The combined total cannot exceed six hours of service per day or the daily maximum rate established by the DHS/DSPD. Additionally, the individual component costs cannot exceed the Maximum Allowable Rate (MAR) established by DHS.

Non-site based DSW is designed to take place in the community and is driven by the client's preferences and desires. The activities are individualized and may occur in any community setting, including the client's residence. When occurring in the client's residence, DSW shall not take place solely inside the home on a daily basis. If the support is occurring daily in the client's home, then Community Living (CLS) or Supported Living (SLH) services will be used. Supports are provided in accordance with the clients stated choice and the objectives of the client's support plan relating to the community integration and prevention of social isolation.

b. SERVICE REQUIREMENTS/CONTRACTOR CAPACITY

DSW provide assistance for clients to participate in meaningful activities as identified in the clients' ISP/AP. Supports are not always work related; however when work occurs, applicable labor laws apply. Supports may include instruction in skills that a client wishes to acquire, retain, or improve that enhance the client's independence, and/or maintains the client's physical and mental skills.

- 1) DSW may be provided anytime during a 24-hour day at locations of the client's preference and are most commonly provided in integrated community settings with individuals without disabilities (not including staff paid to support the client.) The intensity of the service is determined with the client and the clients support team.
- 2) Transportation is not included in the rate.
- 3) Contractor will track and have direct service (face-to-face) hour's information available, see II 13.

c. STAFF TO CLIENT RATIO

Hours of supports are established in the client's Day Supports Worksheet and/or ISP/AP.

d. LICENSURE/CERTIFICATION

- 1) DSW is facility based for three or more clients attending a Day Training program at the same site. The site providing the Day Training must receive a license from DHS/Office of Licensing for each site.
- 2) Non-site Day Training is based in the community and is individualized for each client and must receive a certificate from DHS/DSPD.

DAY TRAINING TRANSPORTATION

Service Code: MTP

Program: Day Supports

Waiver Eligibility: DD/MR (SM, SG); ABI (BG, BM)

a. **SERVICE CODE DESCRIPTION**

Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients receiving services for Day Training Transportation (MTP) shall be trained, assisted, and provided opportunities to use generic transportation services in their community.

Transportation is between a client's home and the day training facilities such as supported employment and other day supports as necessary to live an inclusive community life. The Contractor ensures health and safety supports as well as other supports that lead to the desired outcome or goal of the client. This support excludes Community Living Contractors, see Residential Transportation Support (RTS) code.

b. **POPULATION TO BE SERVED**

MTP is provided to clients living in the community and must be receiving day training and/or other supports such as supported employment supports.

c. **CONTRACTOR QUALIFICATIONS**

A Licensed Public Transportation Contractor or a Private Contractor with proof of automobile insurance in amounts required in the DHS Contract will provide transportation supports for Day Training. A Private Contractor will also ensure that the operator has a valid drivers license, transports clients in a legally registered vehicle, and has proof of above stated automobile insurance.

d. **SERVICE/SUPPORT REQUIREMENTS**

MTP is only provided as independent services when transportation is not otherwise available as an element of another service. The need for transportation must be documented as necessary to fulfill other identified supports in the client's ISP/AP and the associated outcomes.

Contractor's staff drivers are responsible to ensure that:

- 1) All clients are not left unattended in the vehicle
- 2) All clients remain seated while the vehicle is in motion
- 3) Keys are removed from the vehicle at all times when the driver is not in the driver's seat.
- 4) All clients use seat belts, or locking mechanisms to immobilize wheelchairs during travel.
- 5) Clients must be transported in safety restraint seats when required by Utah State law.
- 6) Vehicles used for transporting clients will have working door locks and that the doors will be locked at all times while the vehicle is moving.
- 7) Clients may not be "kicked off", expelled, or suspended from this service without prior notification and approval by both the DHS/DSPD Support Coordinator and Region Director. The Contractor is responsible for the client, to ensure the client arrives safely at the scheduled and arranged destination. This may include arranging for other transportation to ensure that services are delivered as well as assistance the client requires that would ensure satisfaction of services. Failure to serve the client under these terms may be cause for the termination of this service.

e. **STAFFING REQUIREMENTS**

N/A

f. **STAFF TO CLIENT RATIO**

N/A

g. **STAFF TRAINING REQUIREMENTS**

Contractor Staff must receive training including but not limited to:

- 1) Procedures for dealing with accidents and emergencies,
- 2) Specific techniques for safe transportation of clients who have unique medical or physical considerations,
- 3) How to handle clients' behavior situations that allow for the transportation of an individual to be completed.

h. **ASSESSMENT REQUIREMENTS FOR TREATMENT PLANS**

DHS/DSPD is responsible for assisting the client in developing the ISP/AP that will identify their need for transportation.

i. **SPECIAL RECORD KEEPING REQUIREMENTS**

In addition to the General Program Requirements, the Contractor will keep incident report documentation.

SUPPORTED EMPLOYMENT SERVICES (HOURLY)

Service Codes: SEA, SEB

Program: Day Supports.

Waiver Eligibility: DD/MR (SM, SG); ABI (BM, BG)

a. **SERVICE CODE DESCRIPTION**

Supported Employment Administration (SEA) and Supported Employment (SEB) are designed to support Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients, based on need, to obtain, maintain, or advance in competitive employment in integrated work settings. An integrated work setting is a work setting where not all employees have disabilities as defined by DHS/DSPD. Staff or contracted co-workers paid to support the client while at work are not part of the integrated setting. This service provides job development, placement, intensive on-the-job training, and consultation for employees and follow-up to people with disabilities in the community. The Contractor ensures health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

SEA and SEB can be full or part time and occurs in an integrated work setting. Supported Employment may occur anytime during a 24-hour day and supports are made available in such a way to assist the client to achieve competitive employment. This competitive employment will be compensated at or above the minimum wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. If the wage and benefits are not available initially, then the customary wage or earnings must be at least at a commensurate wage with the goal of working toward a competitive wage based on Department of Labor regulations. Clients in Supported Employment are supported and employed in positions that are consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the client as indicated in the client's ISP/AP. A client may be supported individually or in a group.

b. **SERVICE REQUIREMENTS**

- 1) Individual Placement Models-the individual placement model encompasses vocational assessments, job development, pre-placement on-site, on-site training and support, and off-site supports, including on-going supports for competitive employment in integrated work settings. These services can occur in competitive, integrated work environments. A competitive work environment is one that occurs in the labor market, and that is performed on a full-time or part-time basis in an integrated setting; and for which an individual is compensated at or above the minimum wage, but not less than the customary wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled.
Vocational Assessments are arranged to determine skills, interests, or behavior of clients before employment or for the re-placement of employment. Services may be provided at an approved facility or an employment site.
Job Development activities include locating potential employers in the community; introducing the client to specific employers; conducting job analysis; arranging for certification and other such activities that will enhance job development and placement opportunities. All activities must be on behalf of the client.
Pre-placement activities are billable for the Contractor time spent with, or on behalf of a client. If the activity cannot be related to a specific client, it cannot be billed.
On-going support services are for individualized supports such as transportation, job site training, family support or any service necessary, that is given at least twice a month, throughout the term of the employment. Co-workers are often part of this support. (See SEC below: Co-Worker Model) SEA is for the first four billable quarter units and may include a job coach, direct supervision, travel, administration, marketing and may be used to find and secure a job. Billing of SEA should not exceed 80 units per month or 960 per year. The Regional Director may approve additional SEA units. The remaining billable units each day should be charged to SEB.
- 2) A day rate includes a minimum of four face-to-face hours or a maximum of five hours. The rate includes staff to be on-site before and after $\frac{3}{4}$ of an hour. This results in an average of 6 hours in the rates.

Limitations: Payment will only be made for adaptation; supervision and training required by a client as a result of the client's disability and will not include payment for the supervisory activities rendered as a normal part of a business setting. Documentation that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Clients with Disabilities Education Act must be maintained (copies of these acts can be obtained from the internet at www.civilrights.com/idea.html and http://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT_V.TXT). Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

d. **STAFFING REQUIREMENTS**

Staffing requirements are established in the client's individual budget worksheets. Types of supports included in Supported Employment Supports are listed in the Day Supports Worksheet.

e. **STAFF TO CLIENT RATIO**

SEA/SEB staff to client ratios is 1:1 or as identified in the client's ISP/AP worksheet for both daily and hourly services.

f. **LICENSURE/CERTIFICATION**

SEA/SEB Contractors must have a certificate from DHS/DSPD.

SUPPORTED EMPLOYMENT SERVICES (HOURLY)

Service Codes: **SEC**

Program: *Day Supports.*

Waiver Eligibility: **DD/MR** (SM, SG)

a. **SERVICE CODE DESCRIPTION**

Supported Employment Co-worker Services (SEC) are designed to support Developmentally Disabled or Mentally Retarded (DD/MR) clients, based on need to obtain, maintain, or advance in competitive employment in integrated work settings. An integrated work setting is a work setting where not all employees have disabilities as defined by DHS/DSPD. Staff or contracted co-workers paid to support the client while at work are not part of the integrated setting. SEC provides job development, placement, intensive on-the-job training, and consultation for employees and follow-up to people with disabilities in the community. The Contractor ensures health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

SEC can be full or part time and occurs in an integrated work setting. Supported Employment may occur anytime during a 24-hour day and supports are made available in such a way to assist the client to achieve competitive employment. This competitive employment will be compensated at or above the minimum wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. If the wage and benefits are not available initially, then the customary wage or earnings must be at least at a commensurate wage with the goal of working toward a competitive wage based on Department of Labor regulations. Clients in SEC are supported and employed in positions that are consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the client as indicated in the client's ISP/AP. A client may be supported individually or in a group.

b. **SERVICE REQUIREMENTS**

- 1) This service is available only to DD/MR eligible clients.
- 2) When appropriate, the agency providing SEC may contract with a co-worker, to provide additional support under the direction of a job coach as a natural extension of the workday. A job coach works with the client until the client is able to handle the job independently. Follow-up supervision is provided thereafter depending on need and the client's ISP/AP. Hourly pay rate for co-worker support will not exceed the established rate which includes the Contractor adding no more than a 10% fee for handling DHS/DSPD's portion of the co-workers wages and setting up contracts and agreements with the co-worker and his/her employer.
- 3) A day rate includes a minimum of four face-to-face hours or a maximum of five hours. The rate includes staff to be on-site before and after $\frac{3}{4}$ of an hour. This results in an average of 6 hours in the rates.

Limitations: Payment will only be made for adaptation; supervision and training required by a client as a result of the client's disability and will not include payment for the supervisory activities rendered as a normal part of a business setting. Documentation that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Clients with Disabilities Education Act must be maintained (copies of these acts can be obtained from the internet at www.civilrights.com/idea.html and ftp://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT_V.TXT). Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

d. **STAFFING REQUIREMENTS**

Staffing requirements are established in the client's individual budget worksheets. Types of supports included in SEC are listed in the Day Supports Worksheet.

e. **STAFF TO CLIENT RATIO**

SEC staff to client ratios is 1:1 or as identified in the client's ISP/AP worksheet for both daily and hourly services.

SUPPORTED EMPLOYMENT SERVICES (HOURLY)

*Service Codes: **SED***

Program: Day Supports.

*Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BM, BG)*

a. **SERVICE CODE DESCRIPTION**

Supported Employment Group Services (SED) are designed to support Developmentally Disabled/Mentally Retarded (DD/MR) and Acquired Brain Injury (ABI) clients, based on need, to obtain, maintain, or advance in competitive employment in integrated work settings. An integrated work setting is a work setting where not all employees have disabilities as defined by DHS/DSPD. Staff or contracted co-workers paid to support the client while at work are not part of the integrated setting. This service provides job development, placement, intensive on-the-job training, and consultation for employees and follow-up to people with disabilities in the community. The Contractor ensures health and safety supports as well as other supports that lead to the desired outcome or goal of the client.

SED can be full or part time and occurs in an integrated work setting. SED may occur anytime during a 24-hour day and supports are made available in such a way to assist the client to achieve competitive employment. This competitive employment will be compensated at or above the minimum wage and level of benefits paid by the employer for the same or similar work performed by individuals who are not disabled. If the wage and benefits are not available initially, then the customary wage or earnings must be at least at a commensurate wage with the goal of working toward a competitive wage based on Department of Labor regulations. Clients in Supported Employment are supported and employed in positions that are consistent with their strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the client as indicated in the client's ISP/AP. A client may be supported individually or in a group.

b. **SERVICE REQUIREMENTS**

- 1) Enclave Model-A small group of people, or enclave, with disabilities (generally 5 to 8) are trained and supervised among employees who are not disabled at the host company's work site. The enclave works as a team at a single work site in a community business or industry. A specially trained on-site supervisor, who may work for the host company or the placement agency, provides initial training, supervision and support. Another variation of the enclave approach is called the "dispersed enclave". This model is used in services industries (e.g. universities, restaurants and hotels). Each person works on a separate job and the group is dispersed throughout the company.
- 2) Mobile Work Crew-A small crew of persons with disabilities (up to 6) works as a distinct unit and operates as a self-contained business that generates employment for their crewmembers by selling a service. The crew works at several locations within the community, under the supervision of a job coach. The type of work usually includes janitorial or ground keeping. Work crews work with people who do not have disabilities in a variety of setting such as offices and apartment building.
- 3) A day rate includes a minimum of four face-to-face hours or a maximum of five hours. The rate includes staff to be on-site before and after $\frac{3}{4}$ of an hour. This results in an average of 6 hours in the rates.

Limitations: Payment will only be made for adaptation; supervision and training required by a client as a result of the client's disability and will not include payment for the supervisory activities rendered as a normal part of a business setting. Documentation that supported employment services rendered under the waiver are not available under a program funded by either the Rehabilitation Act of 1973, or the Clients with Disabilities Education Act must be maintained (copies of these acts can be obtained from the internet at

www.civilrights.com/idea.html and

ftp://trace.wisc.edu/PUB/TEXT/ILAWS/REHABACT/PARTS/TLT_V.TXT). Federal Financial Participation will not be claimed for incentive payments, subsidies, or unrelated vocational training expenses, such as incentive payments made to an employer or beneficiaries to encourage or subsidize an employer's participation in a supported employment program, payments that are passed through to a beneficiary of Supported Employment programs, or for payments for vocational training that is not directly related to a beneficiary's Supported Employment program.

d. **STAFFING REQUIREMENTS**

Staffing requirements are established in the client's individual budget worksheets. Types of supports included in SED are listed in the Day Supports Worksheet.

e. **STAFF TO CLIENT RATIO**

SED staff to client ratios is 1:1 or as identified in the client's ISP/AP worksheet for both daily and hourly services.

f. **LICENSURE/CERTIFICATION**

SED Contractors must have a certificate from DHS/DSPD.

PERSONAL ASSISTANCE

Service Codes: **PAC**

Program: *As approved by the Regional Director*

Waiver Eligibility: **DD/MR** (SM, SG); **ABI** (BN, BG)

a. **SERVICE CODE DESCRIPTION**

Personal Assistance (PAC) provides personal hands-on care, both medical and non-medical supportive services, specific to the needs of a medically stable client with physical disabilities who is capable of directing his or her own care or has a surrogate available to direct the care. This service may be skilled medical care and health maintenance to the extent permitted by State Law and certified by the client's physician. Other reasonable and necessary activities that are incidental to the performance of the client-based care may also be furnished as part of this activity. Services will be outlined in the ISP/AP and will not duplicate other covered waiver supports. PAC is provided on a regularly scheduled basis and are available to clients who live alone or with roommates. Services may be provided in the client's home or in settings outside their home.

Limitations: When it is determined that the client is unable to adequately perform necessary supervisory activities, and has no surrogate to direct the care, alternative supports will be arranged by the DHS/DSPD Support Coordinator utilizing qualified Contractors. Contractors of PAC will not include a client's spouse or parents of a minor child. Other family members may provide personal assistance services only if they meet the Contractors qualifications. Clients receiving service codes Supported Living Natural Supports (SLN), Community Living Supports (CLS), Community Living Intensive Supports (CLI), Host Home Service (HHS) or Professional Parent Services (PPS) cannot receive PAC.

b. **POPULATION TO BE SERVED**

PAC is for clients who are Developmentally Disabled/Mentally Retarded (DD/MR) or have an Acquired Brain Injury (ABI).

c. **STAFF TO CLIENT RATIO**

Staff to client ratio shall be based upon the need of the client and shall meet the minimum ratios identified in the client's individualized budget worksheet. To comply with the staff to client ratio, Contractors must deliver the hours of service identified in each client's individualized budget worksheet.

ATTACHMENT C

DSPD Payment Rate Table

Service Title (use DHS title that describes the type of service)	Service Code	Unit of Service	Rates (\$)	Population Contractor May Serve
Community Living Supports	CLS	Daily	\$343.26	DD/MR and ABI
Intensive Community Living Supports	CLI	Daily	\$343.26	DD/MR
Extended Living Supports for Adults	ELA	Quarter Hr.	\$3.52	DD/MR and ABI
Extended Living Supports for Children	ELC	Quarter Hr.	\$3.52	DD/MR
Companion Services	COM	Quarter Hr.	\$2.97	DD/MR and ABI
		Daily	\$67.59	
Supported Living				
Supported Living	SLH	Quarter Hr.	\$5.11	DD/MR and ABI
Host Home and Professional Parent				
Host Home	HHS	Daily	\$209.88	DD/MR and ABI
Professional Parent	PPS	Daily	\$209.88	DD/MR
Day Services				
Supported Employment	SEA	Quarter Hr.	\$7.62 (administrative +direct service costs)	DD/MR and ABI
Supported Employment	SEB	Quarter Hr.	\$3.29 (direct services costs only)	DD/MR and ABI
Supported Employment	SEC	Quarter Hr.	\$1.04	DD/MR
Supported Employment	SED	Daily	\$31.32	DD/MR and ABI
Day Training Services (Site and Non-Site)				
Senior Supports	AGE	Daily	\$136.37	DD/MR
Day Training	DTA	Quarter Hr.	\$7.62 max (administrative +direct service costs)	DD/MR and ABI
Day Training	DTB	Quarter Hr.	\$3.29 max (direct service costs only)	DD/MR and ABI
Day Training Worksheet (Children)	DSC	Daily/ Individualized Work Sheet	\$136.37	DD/MR
Day Supports Worksheet	DSW	Daily/ Individualized Worksheet	\$136.37	DD/MR and ABI

Service Title (use DHS title that describes the type of service)	Service Code	Unit of Service	Rates (\$)	Population Contractor May Serve
Family Support/Respite Services				
Chore Supports	CH2	Quarter Hr.	\$3.74	DD/MR and ABI
Homemaker Supports	HSQ	Quarter Hr.	\$3.74	DD/MR and ABI
Family Training and Assistance – Direct Support Staff	FS3	Quarter Hr.	\$4.88	DD/MR
Family Training and Assistance – Consultant	FS4	Quarter Hr.	\$7.83	DD/MR
Family Training and Assistance – Direct Support Staff	FS5	Quarter Hr.	\$4.88	ABI
Family Training and Assistance – Consultant	FS6	Quarter Hr.	\$7.83	ABI
Supported Living – Adults Living with Parents	SLN	Quarter Hr.	\$4.62	DD/MR and ABI
Latch Key Services	LKS	Hourly	\$7.96	DD/MR
Respite Care – Facility Based	RP2	Quarter Hr.	\$2.59	DD/MR and ABI
		Daily	\$61.07	
Respite Care – Home Based	RP3	Quarter Hr.	\$3.21	DD/MR and ABI
		Daily	\$81.02	
Respite Care – Camp Setting	RPS	Session	\$365.76	DD/MR and ABI
Personal Assistance	PAC	Quarter Hr.	\$2.70	DD/MR
Transportation				
Transportation, day training, prevocational service, or supported employment-by Contractor	MTP	Daily	\$7.67	DD/MR and ABI
Transportation is provided to and from the individual’s own home or residential site by the residential Contractor	RTS	Daily	\$6.93	DD/MR



Department of Human Services
120 North 200 West
Salt Lake City, UT 84103
(801) 538-4001

Conflict of Interest Certification

(Governmental Entities Only)

Name of Contractor: _____

Address: _____

The Contractor certifies that:


1. It is a political subdivision, agency or municipality of the State of Utah;
2. It maintains a written policy requiring the Contractor's Representatives to disclose their Conflicts of Interest (*See* definition of "Contractor's Representative" and "Conflict of Interest" in the DHS Contract for Services, Part I, Section C, Paragraph 9");
3. The Contractor's policy provides the Contractor with the information it needs to satisfy the provisions of its contract with DHS/_____; and
4. The Contractor will monitor its operations for compliance with the Conflict of Interest provisions of its contract with DHS/_____, and the Contractor can reasonably assure DHS/_____ that any of the Contractor's Representatives with a potential Conflict of Interest do not:
 - (a) make or influence decisions or set policies that affect its contract with DHS/_____;
 - (b) monitor the performance of its contract with DHS/_____; or
 - (c) become involved in or otherwise benefit from the performance of its contract with DHS/_____.

Dated this ____ of _____, 2001.

(Name and Title of Person Completing Form)

(Signature)

Revision Date: April 5, 2001

 <p>Department of Human Services 120 North 200 West Salt Lake City, UT 84103 (801) 538-4001</p>		<u>ATTACHMENT D-2</u>	
		CONFLICT OF INTEREST - DISCLOSURE STATEMENT	
		Name of Contractor: _____	
		Does any employee in your organization have a conflict of interest or potential conflict of interest?	YES NO
Dual Employment <i>(The notary section of this form must be completed for all dual employment conflicts of interest.)</i>			
Name of individual with dual employment:			
Title or position with the State of Utah or political subdivision:			
Title or position with the Contractor:			
Nature and value of the individual's interest in Contractor's business entity:			
Individual's decision-making authority with the Contractor and with the State:			
How does the Contractor protect DHS from potentially adverse effects resulting from this individual's Conflict of Interest?			
Related-Party Transactions or Independent Judgment Impaired			
Name and position or title of individual with Conflict of Interest:	(individual associated with Contractor):		
	(individual associated with other party):		
Relationship between identified individuals:			
Description of transaction involving identified individuals and dollar amount (if any):			
Decision-making authority of individuals with respect to that transaction:			
Potential effect on this Contract with DHS:			
How does the Contractor protect DHS from potentially adverse effects resulting from this identified Conflict of Interest?			
Signature: I hereby certify that the information I have given is true and complete to the best of my knowledge. _____ Date: (Name and Title of Person Completing Form) _____ (Signature) Date: _____		Notary: <i>(Must be completed for all dual employment conflicts of interest)</i> STATE OF _____) _____ : ss. COUNTY OF _____) SUBSCRIBED to before me this ____ day of _____, _____. (Seal) NOTARY PUBLIC _____ Commission Expires _____	
DHS/ _____ Action: <input type="checkbox"/> Approve <input type="checkbox"/> Deny * <input type="checkbox"/> Refer to BIRA Agency Signature: _____			
DHS/ _____ Action: Approve Deny * Refer to BIRA Agency Signature: _____			
DHS/ _____ Action: Approve Deny * Refer to BIRA Agency Signature: _____			
*DHS may refer any questions regarding potential Conflicts of Interest to the DHS Bureau of Internal Review and Audit ("BIRA").			
BIRA Action Upon DHS/ Referral: <input type="checkbox"/> Approve <input type="checkbox"/> Deny <input type="checkbox"/> Other _____			
Revision Date: July 3, 2002			

ATTACHMENT E

**CONTRACTOR CERTIFICATION OF UNDERSTANDING
AND COMPLIANCE WITH THE DHS PROVIDER CODE OF CONDUCT**

(Upon contract awarding, Contractors shall maintain, at their location, a signed DHS Provider Code of Conduct for their employees, volunteers and subcontractors.)

I have read and been provided with a personal copy of the Department of Human Services Provider Code of Conduct.

I understand this Code of Conduct and I will comply with it. I have had an opportunity to ask questions and seek clarification about the Code of Conduct, and my questions have been answered to my satisfaction and understanding.

Signature of Employee or Volunteer

Date

Print Name: _____

Signature of Supervisor

Date

Print Name: _____

Program/Facility

Street Address

City, State, ZIP Code

Contractor shall place a copy of this signed "Certificate of Understanding and Compliance" in the signer's personnel file and shall make that file available to DHS upon request.

Form W-9
(Rev. January 2003)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give form to the requester. Do not send to the IRS.

Print or type
See Specific Instructions on page 2.

Name	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/ Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). **However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3.** For other entities, it is your employer identification number (EIN). If you do not have a number, see **How to get a TIN** on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here

Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you should use the requester's form. However, this form must meet the acceptable specifications described in **Pub. 1167, General Rules and Specifications for Substitute Tax Forms and Schedules**.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities**).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
- The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

ATTACHMENT G

OFFEROR DATA SHEET

Return this Offeror Data Sheet, completed and signed. All sections below MUST be completed or an explanation provided.

Requisition Number: _____ Date: _____

Offeror Signature: _____ Print Name: _____

1	Offeror's Legal Status:	Please check the appropriate box: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Government Agency <input type="checkbox"/> For-Profit Corporation <input type="checkbox"/> Not-for-Profit Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> Charitable Foundation Limited Liability Company (LLC): <input type="checkbox"/> LLC/Sole Proprietor OR <input type="checkbox"/> LLC/Partnership <input type="checkbox"/> Other. State Type: _____		
2	Offeror's Legal Business Name (including dba if appropriate) and Address:			
3	Organizational Chart.	Submit an organizational chart that reflects Offeror's governing structure and lines of authority. I have attached the organization chart to this Attachment. _____		
4	Legal street address for each location where services will be provided:			
5	Name and title of person(s), authorized to represent Offeror in any negotiations and to sign any contract that may be awarded:	Name:	Title:	
6	Name and Title of individual in Offeror's organization who DHS/DSPD would contact about billings, reports, and other related questions should Offeror be awarded a contract:	Name:	Title:	
		Address:	Phone:	Fax:
			E-mail:	
7	Offeror's billing address (where and to whom would contract payments be addressed if a contract were awarded):	Name:	Title:	
		Address:	Phone:	Fax:
			E-mail:	
8	Name and address of Entity or Individual preparing Offeror's Audits or Financial Statements (CPA):	Name:	Title:	
		Address:	Phone:	Fax:
			E-mail:	

9	Disclosure of convictions, if any, of felonies against a person.	<p>I have disclose, to the best of my knowledge, whether any of Offeror's owners or management or any of its supervisory or direct care staff have ever been convicted of a felony against a person including the name of the individual convicted and the felony for which he/she was convicted.</p> <p>By: _____ Date: _____ Signature of Offeror's Authorized Representative, Title</p>
10	Offeror's assurance that its proposal meets all of the requirements of this RFP:	<p>I _____, _____ (print name here) (print title here) to the best of my knowledge, affirm that the attached Proposal meets all the requirements of this Request for Proposals.</p> <p>Signed: _____ Signature here Date signed</p>
11	Statement of Offeror's agreement to comply with the standard terms and conditions of the Department of Human Services Service Contract and all applicable legal requirements if awarded a contract.	<p>Offeror agrees to the standard terms and conditions of the Department of Human Services Service Contract and Offeror agrees to comply with them and all applicable legal requirements if awarded a contract pursuant to this RFP.</p> <p>By: _____ Date: _____ Signature of Offeror's Authorized Representative, Title</p>
12	Statement to abide by DHS/DSPD rules if awarded a contract.	<p>I agree to abide by and provide services based upon these rules.</p> <p>By: _____ Signature of Authorized Representative, Title Date</p>
13	Contingencies, if any, on which Offeror's proposal is based.	<p>Please print or type a detailed explanation of any contingencies on which the Offeror's proposal is based:</p>
14	<p>Certificate of Insurance showing compliance with the applicable insurance provisions of the DHS Service Contract, documentation of the insurer's required class size and rating, and an endorsement adding the State of Utah as an additional insured</p> <p>OR</p> <p><u>A letter of intent</u> to comply with all of the insurance requirements of the DHS Service Contract.</p> <p>(A current copy of the insurance requirements in the DHS Service Contract and may be obtained from DHS/DSPD)</p>	<p><u>A Certificate of Insurance</u> documenting Offeror's compliance with the applicable insurance provisions of the DHS Service Contract, <u>documentation of the insurer's required rating and class size</u>, AND <u>an endorsement</u> adding the State of Utah as an additional insured is attached hereto.</p> <p>By: _____ Signature of Authorized Representative, Title Date</p> <p>OR, if Offeror's insurance and endorsement are not in place prior to the proposal due date,</p> <p><u>A letter of intent</u> to comply with all of the insurance requirements of the DHS Service Contract if awarded a contract pursuant to this RFP is attached hereto. Offeror is aware that the required Certificate of Insurance, verification of insurer's rating and class size, and endorsement adding the State of Utah as an additional insured must be submitted prior to initiation of the contract</p> <p>By: _____ Signature of Authorized Representative, Title Date</p>

15	Human Rights Plan	<p>Attached to this proposal is a draft copy of the Contractors “Agencies Human Right’s Plan”. We understand that it will be reviewed within the next three (3) months and that FHS/DSPD will conduct a meeting with all Contractors to discuss any changes that may be requested or required.</p> <p>By: _____ Signature of Authorized Representative, Title Date</p>
16	If awarded a contract, Offeror agrees to accept payment for services purchased by DHS/DSPD and its clients, based on rates stated in the RFP, (see Attachment C).	<p>By: _____ Signature of Authorized Representative, Title Date</p>
17	Conflict of Interest Disclosure (If disclosures are required, provide a detailed explanation and have the Conflict of Interest form notarized).	<p>A completed, signed, (and if necessary, notarized) Conflict of Interest Disclosure is attached hereto.</p> <p>By: _____ Signature of Authorized Representative, Title Date</p>
18	List the Services Codes for which you are applying.	<p>Example: <i>DTB, DSC, FS3 etc.... – Be sure to indicate ABI or DDMR if notation is needed.</i> Offeror is applying for:</p>
19	If awarded a contract, Offeror agreed to provide DHS and/or Utah State Auditors copies of all Federal and State Tax filings and other pertinent financial information upon request.	<p>By: _____ Signature of Authorized Representative, Title Date</p>

ATTACHMENT H-1

Criteria for Support Strategies

[See page 21, V.B.2.b.3).b)]

1. Identifying information -
 - ◆ Name of client Receiving Support:
 - ◆ Date: month/year support written
 - ◆ The client's desired outcome/personal goal:
 - ◆ The title of the support strategy:
 - ◆ Who wrote the support strategy:
2. What is the purpose of the support related to the client's desired outcome/personal goal? How will this help the client be more likely to realize their desired outcome?
3. Which contractor's staff will provide the supports?
4. What are the timelines for providing these supports?
5. What are the detailed guideline or instructions for the contractor's staff, addressing how to support the client? (This part will vary considerably depending on the type of support but is actually the meat of the support strategy - the information the contractor's staff need to know to make the support successful!)
6. How are you going to document that the support was provided and the results? This is the data collection system; what, how, when?
7. How will you know if the support is working or needs to be changed, or discontinued?

The following are questions to help you evaluate the support strategy and they may or may not be applicable to each strategy:

- Is there a clear objective or vision statement indicating how things will be different when the support is successful?
- Is there a clear link from the support to the desired outcome/goal in the action plan?
- Is the support strategy clearly written and easy for the client and contractor's staff to follow?
- Does the client and the contractor's staff like the support strategy as it is written?
- Is there sufficient information for the contractor's staff to know what to do and to do it consistently when necessary?
- Is the client participating as much as possible in the selection, design, implementation, and evaluation of the support?
- Will the data or information collected be adequate to monitor change and to evaluate the effectiveness of the support?
- Is the support believed to be doable by the client and the contractor's staff (considering time, other responsibilities, and their skills)?
- Does the support have a good chance of succeeding?
- Is the support based on proven methods for similar situations?
- Does the support fit well in the natural environment?
- Is the support flexible enough to be provided by different people with their unique personalities and relationships with the client?

ATTACHMENT H-2

Criteria for Monthly Summary [See page 21, V.B.2.b.4).b)]

1. Identifying information -
 - ◆ Name of Client Receiving Support:
 - ◆ Date (month/year support provided):
 - ◆ The Client's desired outcome/personal goal:
 - ◆ The title of the support strategy:
2. What supports were provided for the client? What did contractor's staff do or provide?
3. What were the results of the support? This is a summary of any data collected.
4. What was the result of the support strategy on the client's desired outcome/personal goal? How much closer is the client to achieving the goal?
5. Was the client satisfied with supports? Was this based on self-report of the client being served or observations of the contractor's staff.
6. Is the support strategy working as planned? Include a detailed explanation of how the support strategy is effective or ineffective in helping the client reach their goals or outcomes.
7. What, if anything, should be done differently next month to support the clients action plan?

ATTACHMENT I

**LICENSED PROFESSIONAL STAFFING INFORMATION FORM
RFP#40296**

For each professional staff (e.g. behavior specialist, nurse or therapist) the following information is needed:

1. Name:
2. Education including degrees and major area of study:
3. Years of experience working with people with disabilities:
4. License or certification types (if applicable) including:
 - >Effective Date
 - >Expiration Date
 - >Type of License or Certification (**attach a copy**).
5. Position within the organization and title:
6. Employment status (full time, part time, contract, etc.):
7. State which program type the staff is assigned to (i.e. Community Living, Family Support, Day Support):

ATTACHMENT J-1

Offeror's Appendix Evaluation Sheet-RFP# 40296

Offeror: _____

Reviewer: _____

Date: _____

Appendix Evaluation Pass ____ Fail ____

<i>Instructions for Offeror's Appendix Evaluation: To meet the minimum requirement of the Request for Proposal, all items must either be checked "yes" or "N/A".</i>				
RFP #	Requirement	Yes	No	N/A
V.D.1	Completed Conflict of Interest Statement			
V.D.2	Completed Code of Conduct Certification			
V.D.3	Completed W-9 tax form			
V.D.4	Completed Offerors Data Sheet			
V.D.5	Executive Directors Resume			
V.D.6	Licensing Professional Staffing Form completed on all appropriate staff			
V.D.7	Certified copy of certificate of incorporation or other duly issued authorization to do business.			
V.D.8	Name and address of corporate officers or partners.			

ATTACHMENT J-2

Offeror's Data Sheet (Attachment G) Evaluation Sheet-RFP# 40296

Offeror: _____

Reviewer: _____

Date: _____

Offeror's Data Sheet Pass ____ Fail ____

<i>Instructions for Offeror's Data Sheet Evaluation: To meet the minimum requirement of the Request for Proposal, all items must either be checked "yes" or "N/A".</i>				
Attachment Question #	Requirement/Criteria	Yes	No	N/A
1	Offeror's legal status is checked.			
2	Offeror listed their Legal Business name, dba's and addresses.			
3	An organization chart listing structure and lines of authority is included.			
4	Offeror listed legal street address for all locations where administrative services will be provided and included locations of where services for the CLI and CLS Residential and Day Training Sites would be provided.			
5	Names and titles of individuals authorized to represent Offeror in negotiations and signing of contracts that may be awarded are listed.			
6	Names, titles of individuals and addresses of Offeror that DHS/DSPD would contact about billing, reports and other related questions are listed.			
7	Names, titles of individuals and billing address of Offeror that DHS/DSPD would contact about payment questions is listed.			
8	Name and address of Entity or individual preparing Offeror's Audits or Financial Statements (CPA) is listed.			
9	Requested information about Offeror's management, supervisory or direct staff being convicted of a felony against a person is listed or no convictions are noted.			
10	Statement that attached Proposal meets all requirements of the Request for Proposal is included.			
11	Statement that Offeror agrees to comply with the standard terms of DHS Service Contract is included.			
12	Statement that Offeror will abide by DHS/DSPD Administrative Rules and contract language is included.			
13	Detailed explanation of any contingencies on which the Proposal is based is included.			
14	An endorsement adding the State of Utah as an additional insured and the Certificate of Insurance showing compliance with the applicable insurance provisions of the DHS Service Contract. The insurance company must have an A.M. Best rating of at least A- or better and a class size rating of VII or larger. Documentation from the insurance company showing their rating must be attached to the proposal. (A current copy of the required insurance provisions is in the DHS Service Contract and may be obtained from DHS/DSPD). If the insurance and endorsement are not in place prior to the proposal due date a letter of intent to comply with the endorsement and insurance requirements must be attached to the proposal. However, the requested endorsement, rating information and certificate must be submitted prior to initiation of the contract.			
15	A Human Rights Plan or Draft is included.			
16	Offeror agreed to accept payment for services purchased by DHS/DSPD and its clients, based on rates in the RFP.			
17	If the Offeror is a government entity, completed the attached Conflict of Interest Certification form or attached a Conflict of Interest form. All non-governmental entities completed the attached Conflict of Interest-Disclosure Statement.			
18	A list of service codes the Offeror is applying for is attached.			
19	Statement the Offeror will provide to DHS and/or Utah State Auditors, copies of all Federal and State tax filings or other pertinent financial information upon request.			

ATTACHMENT J-3

Technical Requirements/General Program Evaluation Score Sheet RFP# 40296

Offeror: _____

Reviewer: _____

Date: _____

Total Possible Score: 100

(Must score 80 points to pass)

Offeror's Score: _____

General Program Requirements Evaluation Criteria					
<p>Score each of the numbered items below using the following scale:</p> <p>10 = Excellent, demonstrates potential to deliver high quality services</p> <p>8 = Acceptable, meets minimum requirements of the</p> <p>0 = Non-responsive, not addressed in proposal</p> <p>If an item receives a score of 0, state the reason(s) for the score awarded in the Comments section of the score sheet.</p>					
RFP #	Requirement Criteria	Page #	Possible Score	Offeror's Score	Comments
V.C.1.a	<u>Quality Improvement Plan</u>	20	N/A		
	1. The plan contains an agency self-assessment process for DHS/DSPD funded services.		10		
	2. The plan has an established method for responding to concerns identified in the Contractor's internal monitoring and feedback process.		10		
	3. The plan has an established method for responding to and/or correcting within specified time frames, any areas needing improvement or any areas of non-compliance noted by DHS/DSPD.		10		
V.C.1.b	<u>Plan for Outcome Measurements</u>	20	N/A		
	1. Outcome measurement system tracks both program and client outcomes and services.		10		
	2. Offeror has identified specific performance goals and outcomes for its program.		10		
	3. Outcome measurement system includes methods for measuring the achievement of its goals and outcomes.		10		
V.C.1.c	<u>Summary of Experience</u>	20	N/A		
	1. The summary indicated the total number of years Offeror's management personnel have provided services to people with disabilities,		10		
	2. The summary identifies the various types of services Offeror's management personnel have provided.		10		
	3. The summary identifies the specific populations Offeror's management personnel have served.		10		
V.C.1.d	<u>Direct Services Report</u>	20	N/A		
	1. Offeror description of the process used to collect, track and document direct service (face-to-face) hours include descriptions of source documentation, (e.g. case notes, time sheets, etc) and who is responsible to collect the documentation.		10		

ATTACHMENT J-4a
Technical Requirements
Specific Program/Service Requirements Evaluation Score Sheet-RFP# 40296

Offeror: _____

Reviewer: _____

Date: _____

Total Possible Score: 100

(Scores on J-4a, b, and c must add up to 80 points to pass) Offeror's Score: _____

Program: _____

Service Codes: _____

Specific Program/Service Requirements Evaluation Criteria					
<p>Score each of the numbered items below using the following scale:</p> <p style="margin-left: 20px;">5 = Excellent, demonstrates potential to deliver high quality services</p> <p style="margin-left: 20px;">4 = Acceptable, meets minimum requirements of the</p> <p style="margin-left: 20px;">0 = Non-responsive, not addressed in proposal</p> <p>If an item receives a score of 0, state the reason(s) for the score awarded in the Comments section of the score sheet.</p>					
RFP #	Requirement/Criteria	Page #	Possible Score	Offeror's Score	Comments
V.C.2.a.1).a) and b)	Proposal includes a list of all populations and services (by service code and title) for each program the Offeror purposes to serve.	20	5		
V.C.2.a.1).c)	Proposal includes a summary of the Offerors knowledge, skills, abilities and experience in providing the programs	20	5		
V.C.2.a.2)	Proposal includes brief summary of how Offeror will provide each service listed in I.B.2.a.1).b).	21	5		
V.C.2.b.1)	Proposal includes a description of the Offeror's role during the Person Centered Planning assessment process including identifying assessment tools and their role.	21	5		
V.C.2.b.2)	Proposal tells who would be involved in what activities in the Person Centered Process.	21	5		
V.C.2.b.4).a)	Proposal includes a discussion of the Offerors role in ongoing evaluations of Action Plan.	21	5		

ATTACHMENT J-4b

Person Centered Planning Process Score Sheet-RFP# 40296
Support Strategy Evaluation (Attachment H-1)

Offeror: _____

Reviewer: _____

Date: _____

Program: _____

Support Strategies Evaluation Criteria					
Based on the written response to a request for a Support Strategy using information in Attachment H-1, score each of the numbered items below using the following scale:					
5 = Excellent, demonstrates potential to deliver high quality services. 4 = Acceptable, meets minimum requirements of the RFP. 0 = Inadequate or non-responsive.					
If an item receives a score of 0, state the reason(s) for the score awarded in the Comments section of the score sheet.					
RFP #	Requirement/Criteria (from Attachment H-1)	Page #	Possible Score	Offeror's Score	Comments
1	Identifying information included- Name of client receiving support, Date support written, Desired outcome/personal goal, Title of support strategy, Name of person writing strategy,	60	N/A		
2	Purpose of the support as related to the outcome/goal and how it will help realize the outcome is explained.	60	5		
3	Identifies which contractor's staff will provide the support.	60	5		
4	Provides the timelines for providing the supports.	60	5		
5	Provides the detailed guideline or instructions for the contractor's staff, addressing how to support the client.	60	5 (x) 2		
6	Describes how the contractor's staff are documenting the support provided and the results.	60	5		
7	Describes data collection process to tell how the contractor's staff will know if the support is working or needs to be changed, or discontinued.	60	5		

ATTACHMENT J-4c

Person Centered Planning Process Score Sheet-RFP# 40296
Monthly Summary Evaluation (Attachment H-2)

Offeror: _____

Reviewer: _____

Date: _____

Program: _____

Monthly Summary Evaluation Criteria					
<p>Based on the written response to a request for a Monthly Summary using information in Attachment H-2, score each of the numbered items below using the following scale:</p> <p>5 = Excellent, demonstrates potential to deliver high quality services. 4 = Acceptable, meets minimum requirements of the RFP. 0 = Inadequate or non-responsive.</p> <p>If an item receives a score of 0, state the reason(s) for the score awarded in the Comments section of the score sheet.</p>					
RFP #	Requirement/Criteria (from Attachment H-2)	Page #	Possible Score	Offeror's Score	Comments
1	Identifying information included- Name of client receiving support, Date support provided, Desired outcome/personal goal, Title of support strategy.	61	N/A		
2	Explains what specifically was provided and what the contractor's staff did.	61	5		
3	Explains the results of the support and provides a summary of any data collected.	61	5		
4	Explains the results of the support strategy on and progress towards the desired outcome/personal goal.	61	5		
5	Explains client's satisfaction of the support using self-reporting or observation of the contractor's staff.	61	5		
6	Includes a detailed explanation of how the support strategy is effective or ineffective in helping the client reach their goals or outcomes.	61	5 (x) 2		
7	Describes data collection process to tell how the contractor's staff will know if the support is working or needs to be changed, or discontinued.	61	5		

ATTACHMENT K

RETENTION SCHEDULE FOR DOCUMENTS

Provider File Document Retention Plan

Provider shall retain complete record for 5 years after date of discharge

TAB SECTION/DOCUMENT	GRAMA CLASSIFICATION	RETENTION SCHEDULE
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STATE ASSESSMENT

1. Psychological Evaluation, Social History/Updates	Controlled	Send document with discharge packet(s) Keep for five years after discharge
2. All Other Discipline Evaluations /Updates	Controlled	Send document with discharge packet(s) Keep for five years after discharge

SUPPORT STRATEGIES

1. Signature Sheet	Private	Keep five years from date created
2. Outcomes (formerly objectives)	Private	Send document with discharge packet(s) Keep five years from date created
3. Assessments used to derive plans	Private	Send document with discharge packet(s) Keep five years from date created
4. Support Strategies Goal Determination	Private	Send document with discharge packet(s) Keep five years from date created
5. Support Strategies Summary and Summary of Previous Outcomes	Private	Send document with discharge packet(s) Keep for five years after discharge
6. Behavior Support Plan	Private	Send document with discharge packet(s) Keep five years from date created
7. Summary of Behaviors	Controlled	Send document with discharge packet(s) Keep five years from date created

PERSON-CENTERED PLAN

1. Person-Centered Plan (to reflect all services received)	Private	Keep five years from date created
2. Assessments used to derive plans	Private	Keep five years from date created

FINANCIAL INFORMATION

1. Monthly residential Fee Reports	Private	Keep five years from date created
2. Quarterly Financial Reviews	Private	Keep five years from date created

INTAKE INFORMATION

1. Face Sheet	Private	Send document with discharge packet(s) Keep five years from date created
2. Pre-Admission Conference Form	Private	Keep for five years after discharge
3. Consumer Intake/Transfer/Discharge Form & Intake Questionnaire	Private	Keep for five years after discharge
4. Grievance, Individual Rights, Informed Consent, Rent Agreement	Private	Keep five years from date created
5. Personal Property Inventory	Private	Send document with discharge packet(s) Keep five years from date created
6. Funeral and/or Burial Plan	Private	Send document with discharge packet(s) Keep for five years after discharge

RETENTION SCHEDULE FOR DOCUMENTS

Provider File Document Retention Plan

Provider shall retain complete record for 5 years after date of discharge

TAB SECTION/DOCUMENT	GRAMA CLASSIFICATION	RETENTION SCHEDULE
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LEGAL/COURT/AUTHORIZATION/CONCENT

1. Birth Certificate, Social Security Card, Medicare Card, State Identification number, etc.	Private	Send document with discharge packet(s) Keep for five years after discharge
2. Guardianship Documents	Private	Send document with discharge packet(s) Keep for five years after discharge
3. Legal Reviews	Controlled	Send document with discharge packet(s) Keep for five years after discharge
4. Release of Information	Private	Keep five years from date created
5. Authorization Forms	Private	Keep five years from date created
6. Human Rights reviews/ updates	Controlled	Keep five years from date created

DOCUMENTATION OF SERVICES

1. Purchase of Service (Form 1056)	Private	Keep five years from date created
2. Eligibility of Services (Form 19)	Private	Keep for five years after discharge
3. DRS Funding Authorization (Form 58)	Private	Keep five years from date created

SUPPORTED EMPLOYMENT SECTION

1. Assessments	Controlled	Keep five years from date created
2. Resume	Private	Keep five years from date created
3. Current Work Placement	Private	Send document with discharge packet(s) Keep five years from date created
4. Current Work Evaluations	Private	Send document with discharge packet(s) Keep five years from date created or five years
5. Employment Summaries	Private	Send document with discharge packet(s) Keep for five years after discharge
6. Job-related income	Private	Keep five years from date created

AGENCY CORRESPONDENCE

1. Correspondence	Private	Keep five years from date created
2. Unearned Income Information	Private	Send document with discharge packet(s) Keep five years from date created

OTHER AGENCY DOCUMENTATION

1. Individual Education Plan (IEP)	Private	Keep five years from date created
2. Individual Written Rehabilitation Plan (IWRP) Division of Rehabilitation Services (DRS)	Private	Keep five years from date created
3. All other documents obtained from Other Agencies	Private	Keep five years from date created

RETENTION SCHEDULE FOR DOCUMENTS

Provider File Document Retention Plan

Provider shall retain complete record for 5 years after date of discharge

TAB SECTION/DOCUMENT	GRAMA CLASSIFICATION	RETENTION SCHEDULE
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MEDICAL INFORMATION

1. Monthly Medication Forms, Disposal of Medication	Private	Keep five years from date created
2. Medical Orders/Medical Progress Notes	Private	Send document with discharge packet(s) Keep for five years after discharge
3. Medication Prescribed	Private	Send document with discharge packet(s) Keep for five years after discharge
4. Report of Medical examinations (including Eye and Hearing Exams) and Lab Results	Private	Send document with discharge packet(s) Keep for five years after discharge
5. Genetic Tests, Lab Results (e.g. MRI, CAT, EEG, EKG, MEG, PET, etc.)	Private	Send document with discharge packet(s) Keep for five years after discharge
6. Medical Summary, including allergies, surgeries, medical logs and consultations	Private	Send document with discharge packet(s) Keep for five years after discharge
7. Dental Evaluations and/or Visits	Private	Send document with discharge packet(s) Keep for five years after discharge
8. Review of Psychotropic Medications and AIMS Records	Private	Send document with discharge packet(s) Keep for five years after discharge
9. Seizure (Spell) Records and History	Private	Send document with discharge packet(s) Keep for five years after discharge
10. Assessment (e.g. Speech, OT and PT)	Private	Send document with discharge packet(s) Keep for five years after discharge
11. Immunization Records (including Hepatitis, HIV and History of STD's)	Private	Send document with discharge packet(s) Keep for five years after discharge
12. Flow Chart Records as Requested by Practitioner (e.g. height, weight, TPR)	Private	Send document with discharge packet(s) Keep for five years after discharge
13. Family Medical History	Private	Send document with discharge packet(s) Keep for five years after discharge

PROGRESS NOTES AND INCIDENT REPORTS

1. Progress Notes	Private	Keep five years from date created
2. Graphs, Raw Data	Private	Keep five years from date created
3. Behavioral Data	Private	Keep five years from date created
4. Incident Reports	Controlled	Keep five years from date created

RETENTION SCHEDULE FOR DOCUMENTS

Provider File Document Retention Plan

SUMMARY COMPONENTS

Providers may use the summary option to reduce file size. The following list includes recommendations for minimum components to be summarized. If a summary is completed, include the date of the summary, time period summary covers and the name and title of the person completing the summary. A copy of the summary document is to be filed in the person's record and kept as long as the file is open. The original summary document is to be sent to the person's support coordinator at the Regional Office. A medical professional must complete all summaries of medical information.

GENERAL INFORMATION:
1. Full given name, date of birth, citizen or legal resident
2. Current address, telephone number, emergency contact information
3. Benefits and amounts (SSA, SSI, Medicaid, Medicare, to include claim numbers, etc.)
4. Photograph and date when it was take
5. Guardian information and family contact information I include instructions
6. Documentation of authorization of life support emergency requests (from person and/or guardian)
7. Modes of communication, emergency evacuation needs
8. Special Needs (glasses, hearing aid, wheelchair, etc.)
9. Primary Diagnosis and Other Diagnoses
10. Current Day Training, Supported Employment, Residential or School (all that apply)
11. Support Coordinator contact information
MEDICAL INFORMATION:
1. Allergies (food, mediations, soap, etc.)
2. Current height, weight, hair and eye color
3. Current medications (dosage and schedule to be taken)
4. Insurance coverage and policy number(s)
5. Medical, immunizations and behavioral history and assessments (e.g. nutrition, speech, OT, PT, RT, nursing)
6. Chronic medical concerns (e.g. description and frequency of seizures, asthma, etc.)
7. Previous medications that were not effective with chronic medical condition
8. Hospitalizations (to include reason, location, primary medical professional information)
9. Surgeries, base line labs, genetic testing, out-patient services and/or testing, (e.g. EEG, MRI, CT scan, labs, including date, facility and physician
10. Primary care physician (to include address and telephone number), medical orders, progress notes, report of physical exams
11. Dentist (to include name, address and telephone number)
12. Specialists (to include name, specialty, address and telephone number)
13. Preferred Hospital (to include address and telephone number)

RETENTION SCHEDULE FOR DOCUMENTS

Provider File Document Retention Plan

SUMMARY COMPONENTS

Providers may use the summary option to reduce file size. The following list includes recommendations for minimum components to be summarized. If a summary is completed, include the date of the summary, time period summary covers and the name and title of the person completing the summary. A copy of the summary document is to be filed in the person's record and kept as long as the file is open. The original summary document is to be sent to the person's support coordinator at the Regional Office. A medical professional must complete all summaries of medical information.

BEHAVIOR INFORMATION:
1. Current behavior issues
2. Summary of major incident reports regarding behaviors
3. Current medications and previous medications that were not effective with behavioral issues
4. Other
HUMAN RIGHTS INFORMATION:
1. Psychotropic medication review (including AIMS, assessment information if appropriate)
2. Level 2 and Level 3 interventions
3. Rights Restrictions
4. Other
PROVIDER SUPPORT STRATEGIES/PERSON-CENTERED PLAN INFORMATION:
1. Support Strategies
2. Person-Centered Plan outcomes
3. Objectives (goals) previously worked on
4. Summary of major incidents reports (to include records of illness, accidents or injuries)
5. Outcome of support system; if applicable
6. Other
EMPLOYMENT INFORMATION:
1. Employment summaries
2. Why supports did or did not work; if applicable
3. Summary of major incidents that occurred within employment setting
4. Other